Central West **LHIN**

Together, Making Healthy Change Happen

Annual Report 2016 - 2017

July 2017

Ontario
Local Health Integration Network

WE ARE THE
PATIENT
EXPERIENCE!

CONTENTS

3 **Message from the Board Chair and CEO**

5 **Board of Directors**

6 **Glossary**

7 **Overview**

8 **Context**

Provincial and Local Alignment 8
By the Numbers 10
Population Profile 10
Health Profile and Access to Care 11
Health Care Resources and their Use 12

13 **Healthy Change**

Build Integrated Networks of Care 13

Primary Care and Health Links 13
Services for Seniors 15
Home and Community Care 16
Mental Health and Addictions 19
Palliative and End-of-Life Care 20

Drive Quality and Value 21
Enabling Technologies 22
Governance and Leadership 24
Health System Funding Reform (HSFR) 27
Patient Experience 28

Connect and Inform 28
Population Health 28
Indigenous Peoples 29
French Language Services 31

Demonstrate System Leadership 32
Healthy Communities Initiative 32
Health Equity 33

34 **Central West LHIN Performance**

49 **Engaging LHIN Communities**

53 **The Road Ahead**

57 **Financial Statements**

MANDATE

The Central West Local Health Integration Network (LHIN) was established under the Local Health System Integration Act *(LHSIA)* 2006 and given authority to plan, fund, integrate and monitor the local health care system for the purpose of improving the health of residents who live in communities within the LHIN's geographic boundaries.

MISSION

To improve access to and the quality of, health services for residents of the Central West LHIN, through strengthened integration and coordination of health care services.

VISION

To create a health care system that helps people stay healthy, delivers good care when people need it and will be there for our children and grandchildren.

VALUES

Person-centred
Transparency
Integrity
Stewardship

GUIDING PRINCIPLES

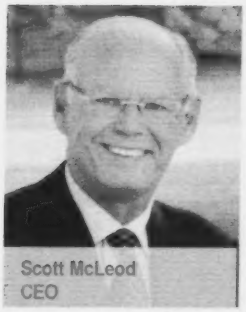
The Central West LHIN has adopted the following principles to guide its planning processes:

- Equitable access based on patient/client need
- Preservation of patient/client choice
- People-centered, community-focused care that is responsive to local population needs
- Measureable, results-driven outcomes based on strategic policy formulation, business planning and information management
- Shared accountability among providers, government, community and citizens.

TOGETHER, MAKING HEALTHY CHANGE HAPPEN

A Message from the Board Chair and CEO

Maria Britto
Board Chair



Scott McLeod
CEO

The Central West Local Health Integration Network (LHIN) is pleased to present its 2016/17 Annual Report (AR 2016/17), showcasing progress and achievements made during fiscal year April 1, 2016 through March 31, 2017, the first year of the LHIN's 2016-2019 Integrated Health Service Plan (strategic plan), otherwise known as IHSP 2016-2019.

Together, Making Healthy **Change Happen** takes its title from a shared sense of responsibility. It reflects an understanding and acceptance that by working together, as a collaborative team of Health Service Providers (HSPs), community partners, residents and the LHIN organization we can do so much more to bring about "healthy change" across the local health care system.

In a year highlighted by passage of the Patients First Act (2016), the LHIN and its partners remained focused on the development of a more accessible and integrated local health care system, responsive to the needs of residents and patients, while delivering better value for money.

✓ Additional investments across all sectors in 2016/17 have resulted in an overall 27% ($199M) increase in total LHIN funding over the past eight years.

✓ Five Health Links across the LHIN's entire geographic area are fully operational and will provide a natural foundation for care delivery and care planning at the sub-region level in support of Ontario's *Patients First*: Action Plan for Health Care.

✓ Over 600 family physicians are now providing quality care throughout the Central West LHIN, with almost 94% of Central West LHIN residents reporting they have a regular family doctor.

✓ LHIN Emergency Departments (EDs) continue to have lower proportions of low acuity visits when compared to the province, and also continue to have the lowest rate of visits among the 14 LHINs for a variety of minor conditions best managed by a family doctor.

✓ Having now enrolled over 2,200 patients and discharged over 2,000 patients since inception, the Central West regional Telehomecare (THC) program has successfully continued to implement technology that enables patients to self-manage their care from the comfort of their own homes. In 2016/17, the post-discharge ED visit rate dropped by 58% and post-discharge inpatient admission rate by 70%.

✓ In November 2016, William Osler Health System (Osler) accepted the keys and began moving in to the new state-of-the-art Peel Memorial Centre for Integrated Health and Wellness. In advance of the doors formally opening to the public in the spring of 2017, the Urgent Care Centre is now open, providing much needed services to residents of Brampton and surrounding communities.

✓ Shining a spotlight on quality and excellence, the Central West LHIN Quality Awards took place in January 2017, highlighting the impressive work being carried out by partner organizations across the LHIN.

✓ Over $6M in additional funding was received to reduce wait times and support increased access to services at local LHIN hospitals.

✓ Additional provincial investments enabled the LHIN to strengthen the Behavioural Supports Ontario (BSO) program, providing an across the board increase to all BSO service providers and further BSO-related training to over 200 staff among LHIN partners.

✓ The Central West Hospital to Home (H2H) program, designed to improve patient transitions from hospital to community, enrolled 282 patients in 2016/17. A total of 1,857 nursing visits have subsequently had a positive impact on a variety of performance measures and the overall patient experience.

✓ In October 2016, students, parents, educators, health care professionals, business leaders, and community and faith leaders gathered in north Brampton to formally launch the Healthy Communities Initiative.

While these are but some of the many highlights attributed to the work accomplished in 2016/17, there is still a lot of work to do in support of both IHSP 2016-2019 and the Patients First Act (2016).

Both residents and health care professionals alike place a high value on their health care system and the need for it to be responsive to local communities. The Central West LHIN thanks the many HSPs, community partners and local residents who have actively engaged in helping to bring about healthy change across their local health care system.

With system building there will always be room for improvement. Nevertheless, the local health care system is further ahead today than when the Central West LHIN was first established a decade ago. The LHIN is up to the challenges that lie ahead.

Together, we are making **HEALTHY** change happen.

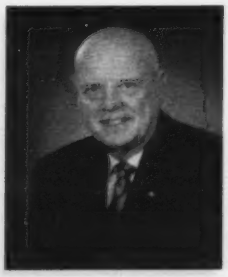
Kindest regards.

Maria Britto
Board Chair, Central West LHIN

Scott McLeod
Chief Executive Officer, Central West LHIN

BOARD OF DIRECTORS

Maria Britto*
Chair
June 9/11 – June 8/14
June 9/14 – June 8/17



Hon. John McDermid*
Vice Chair
June 9/11 – June 8/14
June 9/14 – June 8/17

Adrian Bita
Director
May 6/15 – May 5/18

Neil Davis
Director
Nov. 28/16 – Nov. 27/19

Lorraine Gandolfo*
Director
Oct. 27/10 – Oct. 26/13
Oct. 27/13 – Oct. 26/16

Suzan Hall*
Director
May 17/11 – May 16/14
May 17/14 – May 16/17

Gerry Merkley*
Director
June 17/10 – June 16/13
June 17/13 – June 16/16

Jeff Payne
Director
May 27/15 - May 26/18

Pardeep Singh Nagra*
Director
June 9/11 – June 8/14
June 9/14 – June 8/17

Ken Topping*
Director
Oct. 6/10 – Oct. 5/13
Oct. 6/13 – Oct. 5/16

Not pictured:
Peter Harris, Director (Mar. 1/17 – Feb. 28/20)
Ashish Kemkar, Director (Mar. 1/17 – Feb. 28/20)

** Denotes Reappointment*

GLOSSARY

ABP	Annual Business Plan
ALC	Alternate Level of Care
AR	Annual Report
BCH	Brampton Civic Hospital
BSO	Behavioural Supports Ontario
CAF	Coalition pour les aînés francophones de Peel
CCAC	Community Care Access Centre
CDPM	Chronic Disease Prevention and Management
CHC(s)	Community Health Center(s)
CHF	Congestive Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
CSS(s)	Community Support Service(s)
CWPCN	Central West Palliative Care Network
ED(s)	Emergency Department(s)
EGH	Etobicoke General Hospital
EMR	Electronic Medical Record
FHG(s)	Family Health Group(s)
FHO(s)	Family Health Organization(s)
FHT(s)	Family Health Team(s)
FLS	French Language Services
H2H	Hospital to Home
HHCC	Headwaters Health Care Centre
HIP	Home Independence Program
HRM	Hospital Report Manager
HSP(s)	Health Service Provider(s)
HQO	Health Quality Ontario
IAR	Integrated Assessment Record
IDEAS	Improving and Driving Excellence Across Sectors
IHSP	Integrated Health Service Plan
IM	Information Management
IT	Information Technology
LHIN(s)	Local Health Integration Network(s)
LHSIA	Local Health System Integration Act
LTC	Long-Term Care
MOHLTC	Ministry of Health and Long-Term Care
OTN	Ontario Telemedicine Network
PAN	Provincial Aboriginal Network
SAM	System Access Model
THC	Telehomecare
InSTED	Short-Term Emergency Department Diversion
QBP(s)	Quality-Based Procedure(s)

OVERVIEW

An extension of the Central West Local Health Integration Network (LHIN) 2016-2019 Integrated Health Service Plan (IHSP 2016-2019), **Annual Report 2016/17 (AR 2016/17) showcases the progress and achievements made for the fiscal year beginning April 1, 2016 and ending March 31, 2017.**

It outlines how together, with local Health Service Providers (HSPs) and the broader health care sector, the Central West LHIN has made notable gains in support of the *Patients First*: Action Plan for Health Care, Minister Mandate Letter, the strategic directions identified in IHSP 2016-2019, and specific actions identified in the LHIN's 2016/17 Annual Business Plan (**ABP 2016/17**).

Highlights include:

- **Context |** An overview of Central West LHIN strategic directions; alignment with Ministry of Health and Long-Term Care (MOHLTC) and pan-LHIN priorities; population and health profiles of local LHIN residents, and LHIN Renewal and the Patients First Act (2016).
- **Healthy Change |** Specific achievements and progress made in support of IHSP 2016-2019 and ABP 2016-2017.
- **Central West LHIN Performance Indicators |** 2016/17 system performance and financial accountabilities established between the MOHLTC and Central West LHIN.
- **Engaging Central West LHIN Communities |** A summary of communications and community engagement activities during the 2016/17 fiscal year.
- **The Road Ahead |** Planning for and realizing the future needs of Central West LHIN residents and communities including a look at LHIN renewal and the Patients First Act (2016), as well as capital investments.
- **Financial Statements |** An outline of the Central West LHIN's audited financial statements including an independent auditor's report, statements of financial position, activities, changes in net debt and cash flows.

CONTEXT

Provincial and Local Alignment

Meeting the complex health care needs of a rapidly growing, aging and culturally diverse population like that of the Central West Local Health Integration Network (LHIN), requires evidence-informed local planning. It also requires an ability to address broader provincial priorities.

The Central West LHIN's strategic directions and initiatives are outlined in the 2016-2019 Integrated Health Service Plan (IHSP 2016-2019). They are rooted in the common vision and priorities of Ontario's *Patients First*: Action Plan for Health Care, Minister Mandate Letter, *Patients First*: A Proposal to Strengthen Patient-Centred Health Care in Ontario, *Patients First*: A Roadmap to Strengthen Home and Community Care and objectives of Ontario's 14 LHINs. Developed in collaboration with a host of stakeholders, the IHSP is used by Health Service Providers (HSPs) and community partners to subsequently inform their planning processes.

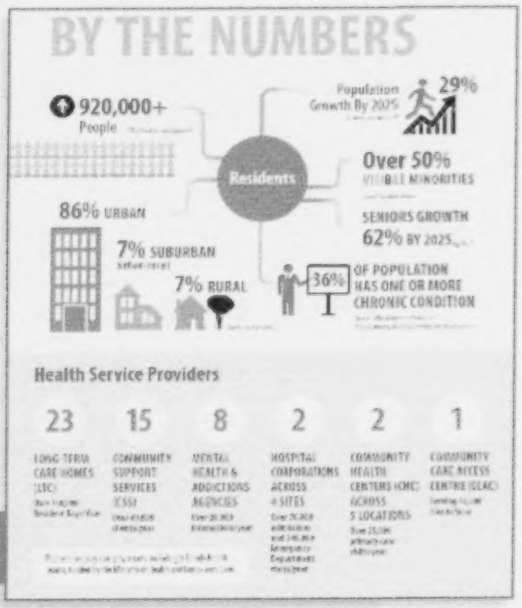
The LHIN's Annual Business Plan (ABP) identifies those specific activities the LHIN will undertake to support implementation of the IHSP during a particular fiscal year. The Annual Report (AR) is then used to showcase the progress and achievements made in support of the IHSP and, by extension, provincial priorities as well.

Patients First: Action Plan for Health Care
INTEGRATED HEALTH SERVICE PLAN
ANNUAL BUSINESS PLAN
Annual Report 2016 - 2017

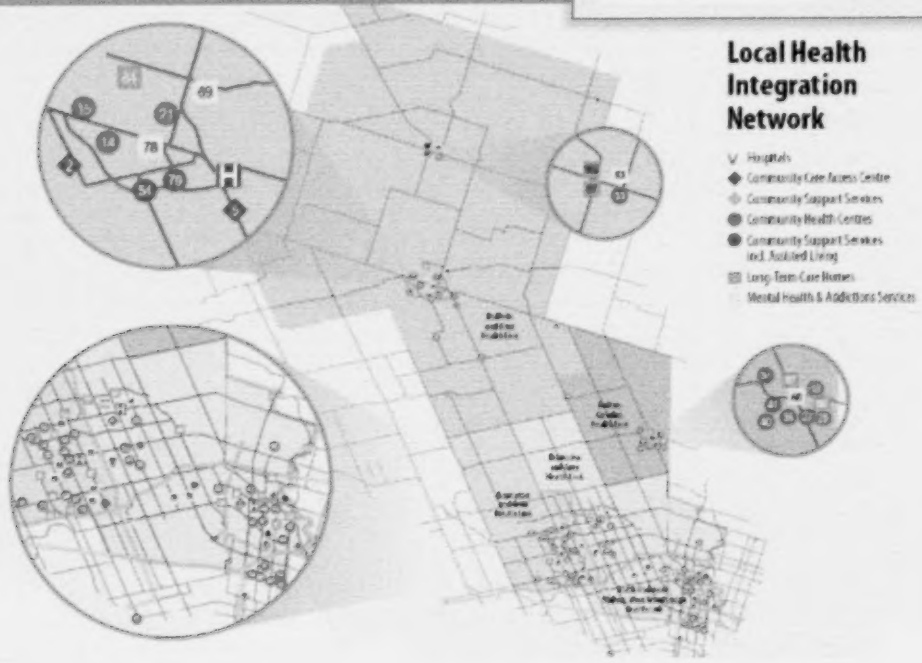
Minister Mandate Letter

IHSP used to inform strategic plans and annual business plans of local HSPs and community partners.

Home to over 920,000 residents, the Central West LHIN is a mosaic of geographic and cultural diversity



Central West LHIN



By the Numbers

Population Profile

The Central West LHIN has grown substantially over the past decade, from 740,000 residents in 2006 to over 922,000 present day (seven percent of Ontario's population). With the highest projected growth rate in the province, over 17,000 new residents each year, the LHIN's population is expected to grow to almost 1.1 million by 2025. Not only is the Central West LHIN's population growing, it is aging. By 2025, the population of seniors (those aged 65 or more) is expected to increase by 62%, from 111,000 to 180,000.

One of the most geographically and ethnically diverse LHINs in the province, 86% of LHIN residents reside in urban areas, eigh percent in a suburban setting and seven percent in rural communities. Meanwhile, 47% of residents are immigrants, seven percent of whom are new to Canada within five years. The LHIN is also home to over 14,000 Francophone residents and 5,600 residents who self-report as indigenous peoples.

Over the past five years, notable investments have improved access to a variety of health care programs and services in the Central West LHIN. Regardless of the challenges associated with the realities of a rapidly growing, aging, and ethnically diverse population the LHIN, in collaboration with HSPs and community partners, remains committed to the planning, development and delivery of innovative and creative health care programs and services that meet the current and future needs of LHIN communities.

A GROWING POPULATION

Home to over

920,000

residents

Over **17,000** new residents each year

1.1M residents projected by 2025

AN AGING POPULATION

180,000 seniors (65 and older) expected by **2025**

an increase of **62%**

GEOGRAPHICALLY & ETHNICALLY DIVERSE

86% urban

7% suburban, 7% rural

393,000

Immigrants

14,000 Francophone residents

5,600 Self-reporting

Aboriginal residents

Health Profile and Access to Care

Timely and appropriate access to primary health care are key objectives identified in Ontario's *Patients First:* Action Plan for Health Care and IHSP 2016-2019.

While 94% of LHIN residents report having a regular primary care provider, only 53% report the ability to see a primary care provider on the same or next day when sick *(Health Care Experience Survey, December 2015)*. These indicators are particularly important for the Central West LHIN's population given the prevalence of certain chronic conditions and premature mortality.

The Central West LHIN has the highest rates of diabetes amongst all LHINs, with a prevalence rate of 16% in 2015. The prevention and management of diabetes will continue to remain a local priority given the unique blend of an unprecedented growth in the seniors population combined with higher proportions of high risk ethnic groups residing within the Central West LHIN.

Many chronic conditions can be prevented or their onset delayed. Smoking, misuse of alcohol, excess weight, poor diet and physical inactivity are well established modifiable risk factors for many chronic conditions. The Central West LHIN has the lowest percentage of smokers (12%) and the second lowest proportion of heavy drinkers (12%) in the province. Conversely, rates for obesity (56%) and physical inactivity (54%) are higher than provincial values.

In 2015/16, residents in the Central West LHIN made 308,265 visits to emergency departments (EDs) in Ontario, an increase of 25% over 2010/11. Most of these visits (71%) were to one of the three EDs within the Central West LHIN. Brampton Civic Hospital (BCH) had the busiest ED in Ontario in 2015/16 with 12% more visits than the next busiest ED (137,830 visits, as compared to 123,134 at Humber River Wilson Site). Hospitals in the Central West LHIN had the lowest rate of visits best treated in alternative primary care settings (a 27% reduction since 2010/11), meaning that the very high number of ED visits are appropriate. ED length of stay for patients discharged home from EDs in the Central West LHIN consistently meets provincial targets. However, length of stay for patients requiring admission to an inpatient bed is substantially higher than target, suggesting a need for greater inpatient capacity.

In 2016/17 there were...

258,337 ED visits

to hospitals in the Central West LHIN

an increase of 24% since 2010/11

With

12% more visits annually

than the next busiest site, Brampton Civic Hospital is home to the busiest ED in Ontario.

Health Care Resources and their Use

Over the past eight years, a 27% increase in base funding, totaling $199M (from $727M in 2009/10 to $926M in 2016/17), has resulted in improved access to a variety of health care programs and services in the Central West LHIN.

In 2016/17, through a budget of $926M provided by the Ministry of Health and Long-Term Care (MOHLTC), the Central West LHIN funded HSPs and community partners in the regions of Brampton, Caledon, Dufferin County, Malton, north Etobicoke and west Woodbridge.

- Two hospital corporations across four sites attending over 70,000 hospital admissions and 258,000 emergency department visits/year
- One Community Care Access Centre (CCAC) providing services to over 42,000 patients/year
- 23 Long-Term Care (LTC) Homes providing an estimated 750,000 resident days/year
- Two Community Health Centers (CHC) across five locations delivering over 25,000 primary care visits/year
- 15 Community Support Service (CSS) agencies offering services to over 40,000 clients/year
- Eight mental health and addictions organizations providing over 20,000 interactions to local LHIN residents/year.

SIGNIFICANT sector investments* over the past eight years to improve the health and healthy outcomes of Central West LHIN residents.

*(*Increase from 2009/10 year-end, to 2016/17 year-end)*

	$ 2009/10	$ 2016/17	$ Increase	% Increase
CCAC	77,593,209	123,234,690	45,641,481	59
Community Health Centres	6,668,770	12,639,799	5,971,029	90
Community Support Services *(*incl. Assisted Living)*	11,523,426	26,700,133	15,176,707	132
Hospitals	465,884,631	563,909,726	98,025,095	21
Long-Term Care	136,059,183	160,057,019	23,997,836	18
Mental Health and Addictions	30,647,492	39,854,730	9,207,238	24
Total *($ in millions)*	727,403,702	926,396,097	198,992,395	27

HEALTHY CHANGE

"Healthy Change" reflects upon local initiatives; the specific work and accomplishments related to the four strategic directions identified in the Central West Local Health Integration Network's (LHIN's) 2016-2019 Integrated Health Service Plan (IHSP 2016-2019). **It outlines how, together with Health Service Providers (HSPs) and community partners, the Central West LHIN has continued to place patients first throughout the past year.**

Build Integrated Networks of Care

Primary Care and Health Links

PRIMARY CARE

Throughout 2016/17, the Central West LHIN continued to work with Family Health Teams (FHTs), Community Health Centres (CHCs) and other primary care practitioners practicing in other models of organized care, to ensure residents have timely access to multi-disciplinary primary care, delivered in appropriate settings close to home.

In particular, the LHIN has continued to work with providers to further develop systems and processes that will prevent or delay deterioration in the activities of daily living, thereby reducing avoidable Emergency Department (ED) visits and hospital admissions, ED wait times and applications to Long-Term Care (LTC).

Over 600 family physicians are now providing care throughout the Central West LHIN, with residents having access to six FHTs, two CHCs, 33 Family Health Groups (FHGs), 13 Family Health Organizations (FHOs), and over 180 individual fee-for-service practitioners. While attachment to a primary care physician remains high *(Health Care Experience Survey, December 2015)*, the LHIN continues to support the development of initiatives that improve access to primary care doctors on the same or next day when sick, thereby reducing visits to local hospital EDs for conditions that should otherwise be manageable within the community.

In 2016/17, to further assist patients with receiving quicker access to care in hospital EDs, the provincial government announced additional investments in excess of $16M to enhance dedicated ED nursing hours in hospitals across the province. Dedicated nurses work exclusively on receiving

low-acuity patients from ambulances, which will allow paramedics to respond to other 9-1-1 calls in the community rather than waiting in the ED. Patients arriving at hospitals by ambulance with life-threatening conditions continue to be given priority by hospital staff.

Additional new investments in base funding of $6M for William Osler Health System (Osler) and $630,000 for Headwaters Health Care Centre (Headwaters), have helped to reduce wait times and support increased access to services that LHIN patients and families rely on. Hospitals in the Central West LHIN are among the busiest in the province. Given its rapidly growing and aging population, continued investment in Central West LHIN hospitals is both relevant and appropriate, placing the needs of LHIN patients and their families first.

In early 2017, a notable milestone for Brampton and surrounding communities was opening of the new Urgent Care Centre at Osler's Peel Memorial site, providing a valuable alternative to Brampton Civic Hospital (BCH) for lower acuity patients.

As a result of these and other such initiatives, residents do not appear to be turning to local EDs for conditions that should be manageable within the community. The three EDs in the Central West LHIN have lower proportions of low acuity visits compared to the province as a whole (Canadian Triage and Acuity Scale (CTAS) IV/V: 17% vs. 32%) and the lowest rate of ED visits among the 14 LHINs for conditions such as conjunctivitis, cystitis, otitis media and upper respiratory infections, that could be treated in alternative primary care settings (4.9 per 1,000 population aged 1-74 years in 2015/16).

HEALTH LINKS

Health Links are an innovative approach to care, designed to drive positive outcomes for patients with complex conditions. These include patients who typically have multiple diagnoses and complex medication regimens, and whose circumstances significantly impair their ability to perform one or more activities in their daily living.

Health Links bring together multiple health care providers and their services within a local area – hospitals, family doctors, Long-Term Care (LTC) Homes, community partners and other organizations – so that everyone involved in a patients circle of care, knows and understands their health goals, shares information, and works collaboratively to place the patients' needs first.

One of the first of Ontario's 14 LHINs to fully implement five Health Links across its entire geographic area (Bolton-Caledon, Bramalea and Area, Brampton and Area, Dufferin Area and North Etobicoke-Malton-West Woodbridge), the Central West LHIN has maintained its leadership role in the collaborative design and implementation of Health Links. This work is particularly important in relation to the Patients First Act (2016) where, in support of LHIN sub-regions, the Central West LHIN has leveraged existing Health Link boundaries to create five sub-region geographies that will, in part, enable the continued spread of a Health Links approach to care coordination.

It is also important to note that throughout 2016/17, the Central West LHIN continued to support the work of the Central West Primary Care Network (CWPCN). Led by the LHIN's Clinical Primary Care Lead this collective supports and develops diverse partnerships and strategies to engage local primary care practitioners, particularly in relation to initiatives such as Health Links.

Thanks to the collaborative work of Health Links, HSPs and community partners, the LHIN has increased the capacity of primary care providers to care for the needs of the most complex patients, improving their outcomes through comprehensive individualized care planning among local partners.

As the LHIN population continues to grow and age rapidly over the next several years, Health Links will continue to play an increasingly important role, addressing the capacity of primary care providers to care seamlessly for complex high needs patients and encouraging greater collaboration among local providers in order to improve outcomes.

Services for Seniors

In 2016/17 the Central West LHIN continued to work with funded community service providers to develop strategies that support seniors in the community, increasing their quality of life. This work is aligned with Ontario's *Patients First*: Action Plan for Health Care and Seniors Care Strategy, and aims to reduce avoidable ED visits, hospital admissions and Alternative Level of Care (ALC) designations.

Coordinated Care Improves Outcomes

Submitted by Karina Johnson, Health Link Resource Coordinator, North Peel Family Health Team, with contributions from Clinton Baretto, Nurse Practitioner

John had become the primary care giver for his aging mother. At 94 years of age, Cynthia had previously been cared for by other relatives in rural Ontario but was now in need of a family physician in the local Brampton area. Prone to frequent hospital visits, John was overwhelmed about how to organize his mother's health care needs and, as his mother was settling in to her new environment he realized she needed more support than he had originally thought. John turned to his primary care physician who accepted his mother as a patient.

Cynthia had multiple afflictions affecting her daily life. Spending most of her time in bed, she lacked the motivation to perform the most basic of daily tasks, and rarely engaged with people outside of the family.

Together, Karina Johnson, Health Link Resource Coordinator at the North Peel Family Health Team and Clinton Baretto, Nurse Practitioner worked with Cynthia and her family to create a tailored care plan which included both goals and actions on how to achieve them. Karina was able to provide assurance and encouragement on what achievements Cynthia and her family had made up to that point, and put forward options for additional supports including a personal support worker, friendly visitor service and pharmacy consultation to further optimize care for Cynthia, John and the entire family.

John was thankful there was a person he could call on to help him navigate the health care system, and who could invariably motivate his mother to live a more fulfilling life. This collaborative approach to tailored care in a complex situation has resulted in improved care, resources and support for both patient and caregiver, neither of whom now feel alone and unsupported by the health care system.

**Names have been amended to ensure privacy*

The LHIN funds a variety of community-based agencies that deliver services to support the independent living of seniors within the community. Services include social/safety visiting, congregate dining, adult day programs, transportation, exercise/falls prevention, chronic disease management, caregiver support, independence training, psychogeriatrics, assisted living, respite and palliative care. The LHIN also provides funding to the Central West Community Care Access Centre (CCAC) to deliver nursing care, rehabilitation and personal support services, rapid response nursing, palliative care, community clinics and supportive living. The Central West CCAC also coordinates admission to 23 Long-Term Care (LTC) Homes across the LHIN.

Additional provincial investments enabled the LHIN to strengthen the Behavioural Supports Ontario (BSO) program, providing an across the board increase to all BSO service providers and further BSO-related training to over 200 staff among LHIN partners. This customized approach enabled new and existing BSO providers to build capacity and services within the Central West LHIN. These new funds also allowed for expansion of the BSO program with the addition of a second community-based BSO nurse to augment the LHIN's northern geography, and two nurse practitioners with expertise in neuro-behavioural programming who will clinically support persons with responsive behaviours in all 23 LTC Homes.

Permanent funding for adult day program expansion was received in early 2017. An analysis of assisted living programs is now underway with the goal of standardizing programs across the LHIN.

LONG-TERM CARE RENEWAL

Kipling Acres - Phase II | Phase II construction continued to progress at Kipling Acres, with first residents expected to be admitted in the spring of 2017. In partnership with the Central West CCAC, Kipling Acres will look to fill all 147 beds at this new facility by July 2017.

Holland Christian Homes (HCH) | In 2016/17, HCH signed a Development Agreement with the Ministry of Health and Long-Term Care (MOHLTC), outlining the terms and conditions that will govern the redevelopment of Faith Manor, where 120 resident spaces will be redeveloped as part of a brand new build. Construction is expected to begin in 2017.

Region of Peel | Planning has continued with the Region of Peel on the development of a Program of All-inclusive Care for the Elderly (PACE) model of care. PACE provides a comprehensive medical/social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute and LTC services. The model affords eligible individuals to remain independent and in their homes for as long as possible. Within Peel Region, planning is focused on the phased-in development of a PACE model with some aspects available early in the project and the complete package of programs and services available only after appropriate space is made available as part of the redevelopment of Peel Manor LTC Home.

Home and Community Care

Home and community care services in the Central West LHIN are delivered by an experienced group of unique health care organizations that support a full spectrum of community health care needs. More specifically, the Central West LHIN funds 15 Community Support Service (CSS) agencies who collectively serve over 40,000 clients per year, and the Central West CCAC that serves over 42,000 patients per year.

Over the past several years, due to the success of a Health Links philosophy of care, local health system partners have been engaged in the examination of population needs at a sub-region level. In support of *Patients First*, this foundation of care delivery and care planning places the Central West LHIN and its community in a strong position to improve the health care experience at a sub-region level.

Over the past two years, the Central West CCAC moved to a neighbourhood model of care that was implemented to support integration with primary care providers and other community providers, providing outstanding, collaborative care coordination and system navigation services in partnership with the community and other Health Service Providers.

Neighbourhoods are defined according to Central West LHIN sub-regions. Each primary care provider in the Central West LHIN is aligned with one CCAC care coordinator. Care coordinators connect on a regular basis with primary care practices to participate in inter-professional rounds, consult with physicians, engage physicians in care plan development and/or come alongside physicians in problem solving regarding the most complex patients on their caseload. In addition to supporting the alignment of care coordinators to primary care physicians and nurse practitioners, the neighbourhood model of care allows care coordinators to develop more knowledgeable and intimate relationships with the community services and other supports.

Behavioural Supports Ontario and H2H... Coordinated Care Making a Difference

The Central West LHIN BSO program continues to grow. The recent addition of Behavioural Support Transition Nurses (BSTNs) has increased the program's capacity to transition people with responsive behaviours from hospital to LTC settings.

Hospitalized for six weeks, Mr. Abercrombie's agitated and wandering behaviour was proving to be a barrier to his placement in a LTC home. The BSTN conducted a specialized assessment, which identified triggers to the patient's behaviour, and worked with the nursing staff on the unit and his spouse on how to recognize triggers and respond before behaviours escalate.

Admission and discharge from hospital can be stressful and challenging for patients and families. Some people will return to their usual way of life following diagnosis, treatment and rehabilitation in acute (hospital) care settings. Others will require additional support to enable them to return to and recover in the community. Patients' needs cannot be met by hospital and community organizations working in silos. H2H encourages hospital, community and primary care partners to work together to improve the patient experience by enabling more patients to experience a smooth, effective and safe care journey from hospital to home.

Following a notable improvement in Mr. Abercrombie's behaviour, he was discharged from hospital. The BSTN was able to accompany the patient and his family to the LTC home, allowing for a warm hand off and the ability to educate LTC home staff on his behaviour triggers and remediation strategies.

Over the past three years, use of home care services has significantly increased in the Central West LHIN. The number of home care has increased by over 15%, and home care hours have increased more than 51%, indicating an increase in both the number and acuity of home care clients. This past year, an additional investment of $3.9M in home and community care services enabled partners in the Central West LHIN to expand both services for high-needs patients with complex conditions, and much needed respite support for caregivers.

As the LHIN's population continues to grow and age, the local health care system is shifting from acute (hospital) care to community-based services. As the demand and need for these services continues to grow, the LHIN must consider the capacity of home care services that will be required to meet future demand. Throughout 2016/17, home and community care renewal aimed to keep seniors, particularly the medically complex and frail, safe, healthy and in their homes longer by ensuring appropriate access to care in the home and community sector.

DID YOU **KNOW**

CCAC by the numbers in 2016/17

256,236 in-home nursing visits

109,798 in-home nursing hours

34,611 nursing clinic hours

1,249,585 in-home PSW support hours

77,077 in-home occupational therapy, physiotherapy and speech language therapy visits

3,385 Health Links individual care plans developed

42,773 patients receiving CCAC services

1,667 in-home social work visits

1,787 in-home nutritionist/dietitian visits

Mental Health and Addictions

In 2011, the Ontario government released *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, a long-term comprehensive approach to transforming the mental health system. The first three years of this strategy focused on children and youth. In 2016/17, the LHIN continued to expand beyond the scope of children and youth to work with community and hospital partners in establishing the right continuum of adult, community-based services, easily accessible for all residents regardless of where they look or whom they ask for help.

The Central West LHIN funds eight HSPs that collectively delivered over 20,000 mental health and addictions interactions to local LHIN residents last year. Services range in function, intensity and duration, and include case management, crisis response, counselling and treatment, early intervention, support within housing, residential withdrawal management, diversion and court support, social rehabilitation, recreation, health promotion and employment support.

Over the past eight years significant investments, in excess of $9M, have led to a number of notable gains within the mental health and addictions sector, transforming the mental health and addictions system into one that is equitable, high-performing and recovery-oriented, where every person can access consistent, high-quality services regardless of where they live.

Improved access to Mental Health & Addictions Services

- Reduced existing combined wait list for long-term case management and early intervention.
- Integration of addiction consultation services for residents working with Health Links to develop a single, coordinated care plan.
- Enhancement of crisis services whereby clients and their families engage more meaningfully with crisis workers, and involvement of specially trained police officers who, teamed with a regulated health professional, intervene more appropriately.
- Adoption of person-centered and family-involved crisis planning approach consistent with local child and youth services' practice that defers to clients to decide more practical strategies for self-managing a crisis, increasing the likelihood that the crisis plan will be followed. Planned implementation is underway.
- Enhancement of family support and expansion of social rehabilitation/recreation, as a systemic way to support client access to and movement between services with varying levels of intensity as needed.
- Augmentation of front-line practitioners for short-term case management and brief therapy to respond more immediately to the presenting issue and to more readily assess need for longer term support.
- Efficient use of known housing stock to provide support within housing to 16 additional individuals and a planned approach for another 84 people, reducing the wait list by 25%.
- Capability for mental health and addictions staff to provide coordinated care in the ED, enabled through access to relevant, electronic clinical records (with client consent) at Osler and the Central West CCAC.

Palliative and End-of-Life Care

Aligned with the Ontario Palliative Care Network (OPCN), and guided by a joint palliative end-of-life care *Pledge*, a renewed Central West Palliative Care Network (CWPCN) continued to enhance capacity for palliative care services in the home and in the community throughout 2016/17.

More specifically, the CWPCN continued with its foundational work of creating work plans and enabling work groups to deliver on its strategic plan. Key priorities that align with the provincial *Declaration Document* include:

- Broadening and increasing timely access
- Strengthening caregiver supports
- Strengthening service capacity and human resources in all care settings
- Improving integration and continuity across care settings
- Strengthening accountability and introducing mechanisms for shared accountability
- Building public awareness.

In 2016/17, the CWPCN successfully:

- Delivered five offerings of the Learning Essential Approaches to Palliative Care (LEAP) courses
- Hosted the annual CWPCN conference
- Established a CWPCN leadership team including two Regional Clinical Co-Leads
- Established a Central West governance structure including a Secretariat, Executive Committee and Operational Leadership Committee
- Completed a Regional Capacity Assessment Survey.

A notable highlight in 2016/17, the CWPCN was honoured at the Central West LHIN 2017 Inaugural Quality Awards, for its Early Identification of Palliative Patients project. This project resulted in 398 patients identified with a 40% decrease in admission/readmission to hospital, and a 19% decrease in patient dying in the hospital. This work was also presented at the CWPCN conference, and Quality Improvement and Patient Safety Forum, co-hosted with Health Quality Ontario (HQO).

Central West Palliative Care Network Annual Conference

Over 300 delegates were in attendance from across the Central West LHIN and beyond, once again making the Central West Palliative Care Network annual conference a resounding success.

With opening remarks provided by both Scott McLeod, CEO Central West LHIN and Lynn Guerriero (pictured), Assistant Deputy Minister, Negotiations and Accountability Management Division at the Ministry of Health and Long-Term Care, the morning's opening keynote address was provided by Nadine Valk, Executive Director, Champlain Hospice Palliative Care Program.

Throughout the day participants gained valuable insights and skills from speakers who are leaders in the field of hospice palliative care, choosing from a variety of concurrent workshop topics that expanded their knowledge, deepened their understanding, and inspired them to provide high-quality, patient-centred care to clients in their communities.

In 2015/16 the Central West LHIN was proud to take a leadership role in advancing the local palliative and end-of-life care conversation by further developing a joint palliative end-of-life care *Pledge*.

Inspired by a quote taken from the Canadian Hospice Palliative Care Association's Living Lessons® report, the *Pledge* reflects a collective commitment among health care organizations and professionals engaged in the delivery of palliative and end-of-life care services to deliver on the promise of providing outstanding palliative care.

> *"At some time, in some way, we will all face the end of life. And most of us share a common hope: that when death comes to us or a loved one, it will be peaceful and free of pain. We hope to face death surrounded by those we love, feeling safe, comfortable and cared for."*

OUR PLEDGE

Together we will deliver outstanding palliative care.

Drive Quality and Value

Aligned with the objectives of Ontario's *Patients First*: Action Plan for Health Care, enhancing the patient experience of care is recognized as being a major deliverable in achieving a high-quality, high performing, and value-driven health care system. The Central West LHIN is focused on improving the health and health status of local residents by strengthening its accountability and service delivery. This can only be accomplished through effective partnerships with a broad spectrum of health system partners, where collaboration on local and provincial quality-focused and evidence-informed initiatives are aligned.

As a primary funder, the Central West LHIN must also support the sustainably of Health Service Providers (HSPs) in a constrained funding environment. Health care decisions have to be evidenced-informed, reflect the patient experience, and must place the needs of patients first. The Central West LHIN is committed to funding and using health care resources in a sustainable, effective, and efficient way that demonstrates quality and value to the community while protecting our universal public health care system.

The *Patients First:*Digital Health Strategy and provincial digital health priorities are vital supports to the *Patients First*: Action Plan for Health Care. Information Technology (IT) and Information Management (IM) are key elements that enable the empowerment of patients, connecting them to their continuum of care. Digital health solutions assist patients, their caregivers, and their HSPs to share information and coordinate services quickly and efficiently as they transition from one care provider to another.

An essential element of the Central West LHIN's oversight role is to collaborate with its partners in pursuit of creating and sustaining a culture of quality improvement. Throughout 2016/17 the LHIN and its partners successfully implemented a number of key initiatives many of which were showcased through the LHIN's inaugural 2017 Quality Awards.

Enabling Technologies

IT and IM are enablers for patient empowerment, and secure patient information exchange between providers. They reduce duplication and frustration by eliminating the need for patients to repeat the same information on multiple occasions to different health care professionals. They also support patients, their caregivers and health care professionals to share information, coordinating services quickly and efficiently between transitions in care.

Throughout 2016/17, the Central West LHIN continued to make significant strides in planning and implementing enabling technology solutions including Electronic Medical Record (EMR) systems, Telehomecare and Telemedicine solutions, eNotifications, eConsult, Care Coordination Tool (CCT), the Ontario Lab Information System (OLIS) and Ontario Telemedicine Network (OTN) Connect

At 81%, the LHIN continues to have an excellent EMR adoption for primary care physicians, and specialists at 47%, enabling the greater sharing of consistent electronic information among HSPs.

All hospitals in the Central West LHIN are now live using Health Report Manager (HRM), a system that electronically delivers medical record reports and transcribed diagnostic imaging reports from hospitals and other health care facilities, directly into the patients' charts in the primary care physicians' EMR system. Brampton Civic Hospital (BCH) and Etobicoke General Hospital (EGH) are also using the HRM product to alert physicians when a patient has been discharged from the Emergency Department (ED) or admitted or discharged from an in-patient unit in real time. This eNotification initiative will be implemented at Headwaters Health Care Centre (Headwaters) in 2017/18.

The implementation of eConsult commenced in the Central West LHIN in 2016/17 and will continue throughout 2017/18. eConsult enables requesting clinicians (primary care physicians and nurse practitioners) to engage in a secure, electronic dialogue with specialists to manage patient care without the need for a face-to-face visit. eConsults may avoid the need to refer a patient to a specialist for diagnosis and treatment. Seventy-two physicians in the Central West LHIN are on eConsult.

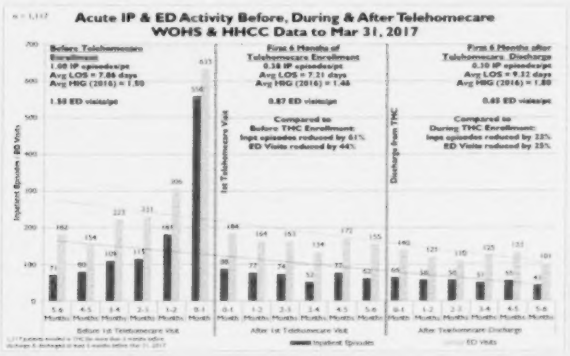
Throughout 2016/17 the ConnectingOntario (formerly known as ConnectingGTA) project continued to work with HSPs to provide a single point of access to patient health information. In addition to Osler and the Central West CCAC, five cross-sector LHIN HSPs, are now live viewing data in the cGTA data repository. Headwaters will be live, contributing and viewing data in 2017/18.

Meanwhile, work progressed to identify and define patient care pathways that would benefit from and support the implementation of a single referral management solution. Development of referrals

for Health Links patients has been completed in the Novari eRequest solution. The solution will be tested, refined and implemented in 2017/18.

Also in 2016/17, OLIS collected more than 90% of the provinces lab test results through connections with hospitals, community labs and public health labs. HHCC and Osler have continued to populate OLIS with test results from their labs. Approximately 450 clinicians in the Central West LHIN can now view OLIS data for their patients through their EMR systems.

Enabling Technologies and the Self-Management of Chronic Diseases


Acute IP & ED Activity Before, During & After Telehomecare
WOHS & HHCC Data to Mar 31, 2017
Before Telehomecare Enrollment
1.60 IP episodes/pt
Avg LOS = 7.86 days
Avg HRG (2016) = 1.50
1.50 ED visits/pt
First 6 Months of Telehomecare Enrollment
0.38 IP episodes/pt
Avg LOS = 7.21 days
Avg HRG (2016) = 1.46
0.87 ED visits/pt
Compared to Before THC Enrollment:
Inpt episodes reduced by 61%
ED Visits reduced by 44%
First 6 Months after Telehomecare Discharge
0.30 IP episodes/pt
Avg LOS = 9.32 days
Avg HRG (2016) = 1.80
0.60 ED visits/pt
Compared to During THC Enrollment:
Inpt episodes reduced by 22%
ED Visits reduced by 25%
Inpatient Episodes ED Visits
1st Telehomecare Visit
Discharge from THC
Before 1st Telehomecare Visit
After 1st Telehomecare Visit
After Telehomecare Discharge
Inpatient Episodes
ED Visits

Throughout 2016/17, the Central West LHIN continued to work with community partners toward improving the treatment and management of chronic diseases in the home and community settings by increasing capacity for the self-management of chronic conditions. This includes the adoption and use of virtual/enabling technologies. The LHIN's Regional Telehomecare Program (THC) is a strong example of how local LHIN patients are using improvements in technology to self-manage care from the comfort of their own homes, helping to reduce unnecessary ED visits and hospitalizations.

Patients are referred to the program from a number of regional partners and, through the assistance of technology, are monitored by THC nurses working from the host organization, William Osler Health System (Osler).

Since inception, the Central West THC program has received 4,551 referrals. Over 2,200 patients have been enrolled and 2,069 clients have been discharged.

The program continues to show positive patient satisfaction, experience, quality of life and health outcomes. In addition, there is effective and improved utilization of the local health system by the cohort of patients that have been served by the THC program to date. The highlighted graph shows a notable decrease in both inpatient episodes and ED visits prior to and after and immediately after implementation of THC.

The cohort of patients were even further measured 6 months post discharge and there are continued improvements in in-patient episodes and ED visit reductions. In 2016/17, the post-discharge ED visit rate dropped by 58% and post-discharge inpatient admissions rate by 70%.

Governance and Leadership

The LHIN's Board of Directors Quality Committee continued to provide leadership and oversight for the quality of local health care services in 2016/17, and to advance a culture of quality and its continuous improvement across the local health system. Supported by the LHIN's new Clinical Quality Lead, regular governance-to-governance engagement with local partners resulted in meaningful discussions focused on creating a culture of quality through the further development of quality improvement initiatives. This culture of quality will demonstrate improved patient outcomes, experience of care and value for money.

Drawing upwards of 180 health care professionals and governors at each event, the LHIN hosted two Governance and Leadership Forums in 2016/17. Already in use by a handful of LHIN partners, governors and leaders gathered in April 2016 to further explore the improvement of clinical and financial outcomes using possible adoption of the Studer methodology. In November 2016, keynote speaker Christine Elliott, Ontario's Patient Ombudsman, was joined by representatives from BCH and Central West CCAC Patient and Family Advisory Councils (PFACs), to provide attendees with a better understanding of the Ombudsman's role and mandate, while remaining grounded in what matters most, the voice of the patient and their experience with the health care system.

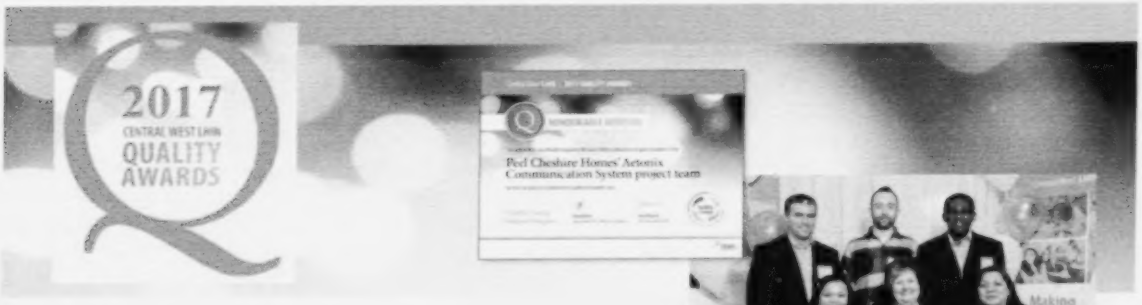
This past year saw the creation of an HSP Quality Leaders Forum (QLF). With a mandate to focus on system-level quality improvement and change management strategies that support enhanced health care outcomes and experiences for people and patients, membership consists of quality improvement leaders from all sectors across the LHIN. Through a consultative process, three system-level quality aims have been identified including improved system navigation, access to mental health and addictions services, and an improved patient experience. These priority areas are considered as proxy indicators to demonstrate system performance along the continuum.

In addition to the QLF, under the leadership of the LHIN's Clinical Quality Lead, a Regional Quality Table (RQT) has been established that provides the necessary structure to align local, regional and provincial quality priorities and initiatives. Also made up of representation from across the LHIN, the RQT is developing an integrated, regional quality plan for implementation in 2017/18. Through engagement of key internal and external partners and providers, the quality plan will promote enhanced integration and collaboration to achieve measureable improvements in system access and performance across the Central West LHIN. The RQT is also examining available data, measures and evidence-based models of care to determine areas of focus for their future work.

A notable highlight in 2016/17 was the LHIN's inaugural 2017 Quality Awards. A celebration of quality and excellence, the LHIN was proud to showcase the exceptional work of our partners at it relates to IHSP 2016-2019. Submissions had to demonstrate the use of:

- Quality improvement principles
- Change management principles
- Partnerships to achieve outcomes
- Measureable change in health outcomes and/or experiences for patients/clients.

From 17 notable submissions, the LHIN was honoured to present two awards and three honourable mentions at its Quality Awards Gala, headlined by keynote speaker Judith John who, as both a former health care executive and cancer survivor, championed the patient voice and experience.

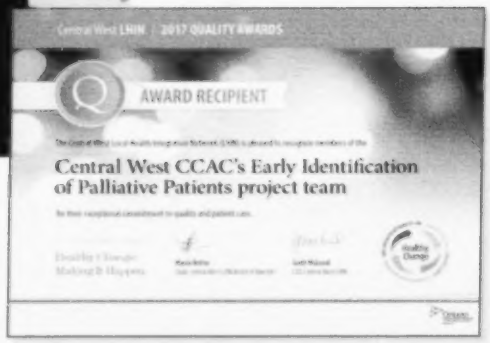


Aetonix Communication System
Peel Cheshire Homes Inc.

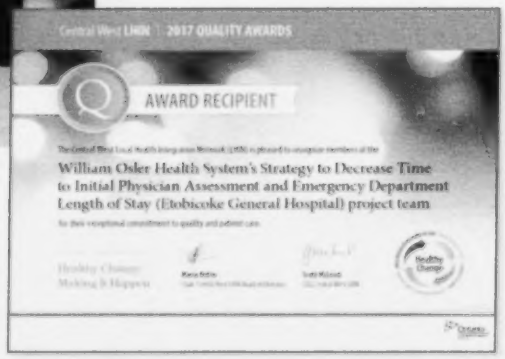
Reducing Inappropriate Use
of Antipsychotic Medications
Avalon Retirement Centre

Prevention of Error-Based
Transfers (PoET)
William Osler Health System

Palliative Patient Early Identification
Central West CCAC & Central West Palliative Care Network


Central West LHIN | 2017 QUALITY AWARDS
AWARD RECIPIENT
Central West CCAC's Early Identification of Palliative Patients project team

Physician Initial Assessment & ED Length of Stay
William Osler Health System, Etobicoke General Hospital


Central West LHIN | 2017 QUALITY AWARDS
AWARD RECIPIENT
William Osler Health System's Strategy to Decrease Time to Initial Physician Assessment and Emergency Department Length of Stay (Etobicoke General Hospital) project team

Congratulations to our Winners and Honourees!

Health System Funding Reform (HSFR)

The Central West LHIN and many local HSPs now operate in a patient-based funding environment known as Health System Funding Reform (HSFR). HSFR is a new way of funding hospitals and community providers based on the burden of illness and care needs in the community, where patients actually go for care, the quality of providers' care, and the efficiency of that care. It represents a more consistent approach to funding health care across the province that also incents the best possible care in the most efficient way possible, to drive quality and value. The Central West LHIN intends to further support the provincial HSFR strategy, and work to better align funding to need and evidence-based practice.

Throughout 2016/17, the Central West LHIN continued to advance the provincial HSFR strategy through active participation in the pan-LHIN HSFR Advisory Committee, and the MOHLTC's renewed HSFR governance structure and implementation of annual HSFR initiatives with local HSPs. The Central West LHIN continued to identify and monitor the health service needs of the local community, and work towards the goal of putting patient's needs first while aligning funding and delivery of high quality care in an affordable and sustainable manner.

HSPs in the Central West LHIN actively supported HSFR quality improvement and change management strategies by participating in three cohorts of the provincial Improving and Driving Excellence across Sectors (IDEAS) program, and continued to collaborate on implementation of Quality-Based Procedures (QBPs). To date, HSP leadership have established a number of QBP implementation teams that have or are currently implementing strategies for alignment with best practice and health outcomes. Planning is underway to work more closely with HQO that will further align QBP and quality goals locally.

In September 2015, the MOHLTC announced six innovative projects focused on the patient experience that would test innovative integrated approaches of service delivery and new integrated funding models intended to improve the delivery of quality, evidenced-based care to patients. *Hospital to Home (H2H): The Central West Integrated Care Model* was selected as a three-year proof of concept project. A joint initiative of the Central West CCAC, Headwters and Osler, and in partnership with OTN, H2H has demonstrated its ability to better enable seamless patient transitions from hospital to community.

To date, the program has supported a variety of patients requiring short-term nursing interventions including those diagnosed with cellulitis and/or urinary tract infections. Total admissions at the end of 2016/17 accounted for 852 patients, with over 8,000 nursing visits conducted. Outcomes suggest this program is having positive results in relation to ED visits, hospital admissions, and average hospital length-of-stay.

The H2H model supports a strategic shift to more community-focused, scheduled care, supporting people to receive care in their homes or in the community, helping prevent unnecessary emergency department visits and hospital admissions, shortening the acute length of stay for admitted patients, providing greater continuity of care and enhancing the patient experience.

The Central West LHIN investment strategies are informed through assessment of local health needs and a prioritization analysis established through the application of a decision-making and evaluation framework with rating criteria aligned to provincial and local health service priorities and identified service delivery gaps. Targeting investment strategies in this manner helps assure that the application of available funding is undertaken in a prudent, cost effective and beneficial manner that is aimed at maximizing the impact of the investment on improvement in the health status of the

local population. The LHIN will continue to encourage and provide support where applicable for health service providers to continue to participate in the provincial IDEAS program to build quality and change management capacity locally.

Patient Experience

The patient's experience of care is recognized as being integral to a high-quality, high performing, and value-driven health care system, aligned with the objectives of Ontario's *Patients First:* Action Plan for Health Care.

As noted in results from the Central West LHIN's 2016/17 Community Consultation Study, residents report positive levels of satisfaction with their local health care system. However, due to difficulties with accessing and navigating services, the ways by which information is communicated, and/or confusion over appropriate care plans, residents often find interactions with the health care system to be confusing and/or stressful.

To better understand their needs, patients, their families and caregivers are increasingly being asked about their experiences with the health care system in order for health system partners to make improvements accordingly. In support of *Patients First* the provincial government took steps in 2016/17 to establish a provincial Patient and Family Advisory Council (PFAC) to advise government on health priorities that have an impact on patient care and patient experiences in Ontario. Meanwhile, in support of the recently passed Patients First Act (2016) and guided by the governments pan-provincial PFAC work, the Central West LHIN began the process of consulting with members of boards and senior leadership teams of health service providers in 2016/17, to understand their respective initiatives in measuring, monitoring and integrating the patient experience and voice into its planning activities.

During 2016/17, the LHIN was also proud to insert the patient voice into two notable events; its November Governance and Leadership Forum and inaugural Quality Awards, grounding attendees at both signature events in what truly matters the most – the patient voice.

Connect and Inform

The Central West LHIN is committed to improving the health of the population and reducing health disparities through inclusive, evidence-based and coordinated actions across the continuum of care. As outlined in the recently passed Patients First Act (2016), the LHIN will work with community and health system partners, including Public Health Units, to develop and implement health promotion strategies that connect, inform and support partners and residents towards better population health outcomes across LHIN communities.

Population Health

The Central West LHIN is a rapidly growing, aging and ethno-culturally diverse community. These characteristics have significant implications for the health of the local population and the health care system as a whole.

When groups or individuals live in social isolation, environments that do not support health, face barriers to access, or receive a lower standard of care, this leads to poorer health, greater strain on limited health care resources, and ultimately higher costs for worse outcomes.

Throughout 2016/17 the LHIN actively engaged health system partners including public health units and community agencies to create supportive environments that facilitate healthier choices and better utilization of the health care system. It is imperative for the LHIN and health system partners to understand local context, health disparities, and service needs. Through concerted efforts on data collection, sharing and analysis, the LHIN was able and will continue to assess current service delivery and future planning to create healthier environments and improve access and quality of health care services. This population based planning approach is foundational to sub-region planning in support of Ontario's *Patients First*: Action Plan for Health Care and the Patients First Act (2016).

To further support the transformative work that lies ahead, the LHIN has also begun the process of cross-referencing health care utilization data with socio-demographic and health status information at the sub-region level. This foundational work will help to identify key disparities, barriers, and priorities moving forward. An early opportunity emerging from such analysis is the LHIN-led Healthy Communities Initiative. In response to high diabetes prevalence rates, unhealthy built environments and a population with a high genetic predisposition to diabetes, the LHIN is proud to be a partner in facilitating cross-sector partnerships between public health units, primary care providers, school administrators and other stakeholders that promotes a comprehensive approach to addressing a health disparity while promoting population health.

Indigenous Peoples

As part of the Provincial Indigenous Leads Network (PILN), the Central West LHIN has remained committed to engaging Indigenous communities to ensure the local health care system understands and is responsive to their unique needs - from wellness to mental health, chronic disease management and palliative care. This includes working with local health system partners to ensure indigenous residents receive culturally competent care; care that recognizes and is tailored to a group's particular social, cultural and linguistic needs. This work will align local health care programs and services with existing regional, provincial and federal health planning, health programming and service delivery systems, designed to ensure better heath and healthier outcomes.

In April 2016, the government of Ontario announced a notable investment of nearly $222M over three years to ensure Indigenous people have access to more culturally appropriate care and improved outcomes. This investment will be followed by sustained funding of $104.5M annually to address health inequities and improve access to culturally appropriate health services over the long term. Ontario's First Nations Health Action Plan, which will be implemented and evaluated in close partnership with indigenous partners, focuses on primary care, public health and health promotion, senior's care, hospital services, and life promotion and crisis support. While focused on northern First Nations, the plan also includes opportunities for investments in indigenous health care across Ontario.

Locally, the Central West LHIN is actively engaged with key Indigenous partners including the Credit River Metis Council, Peel Aboriginal Network, Dufferin County Cultural Centre and Métis Nation of Ontario/Health and Wellness in Brampton.

The LHIN was once again honoured to partner with the Métis Nation of Ontario (MNO) Credit River Métis Council and the Mississauga Halton LHIN to hold Powley Day Celebrations at the Island Lake Conservation Area. Thanks to this partnership, voyageur canoe trips and other community health activities were provided to as many as 50 participants. It was an excellent opportunity for the MNO Credit River Métis Council to showcase and support their culture and identity with Métis and non-Métis peoples alike.

In 2016/17, the Central West LHIN participated in a needs assessment engagement, held under the leadership of the Dufferin Region First Nations Métis and Inuit (FNMI). This engagement provided the LHIN with an opportunity to obtain a comprehensive understanding about indigenous peoples; their needs, challenges, social service goals, and gaps in terms of healing and wellness, reconciliation, community building, education, youth programming/activities. The outcome of this assessment will help the LHIN to further understand and identify where and how to collaborate, partner and strengthen relationships with local indigenous peoples.

In 2016/17 the LHIN also continued to support local HSPs and partners in their want to complete the Indigenous Cultural Safety training program offered through the Provincial Health Services Authority in British Columbia. Over 150 staff from partner organizations have completed the training.

Meanwhile, through consultation with Indigenous community groups and their respective leaders/elders, terms of reference were developed for the Indigenous Advisory Circle (IAC). Launch of the IAC in 2017/18 will provide an important opportunity for the ongoing engagement of indigenous communities across the LHIN, promoting a common understanding and ensuring the consistent delivery of culturally competent health care programs and services, tailored to particular social, cultural and linguistic needs.

French Language Services

The Central West LHIN is home to a vibrant community of over 14,000 francophone residents looking for better access to health care services in French.

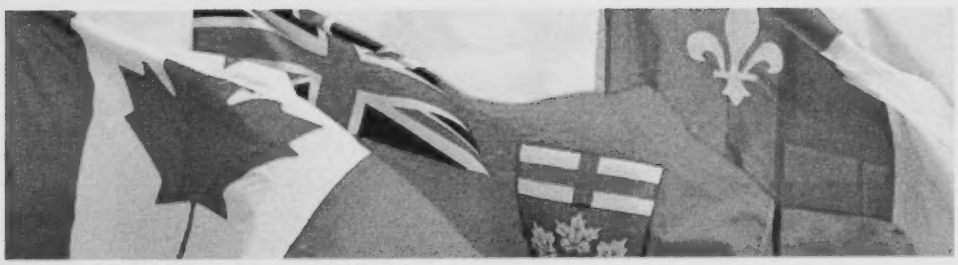
With a shared commitment to engage and better understand the needs of the francophone population, and a want to incorporate a French Language Services (FLS) lens across strategic initiatives, the LHIN is pleased to have maintained its strong and collaborative relationship with Reflet Salvéo, the french language health planning entity, in 2016/17.

Working with local health care system partners through the FLS Core Action Group (CAG), of which Reflet Salvéo is participating member, a French Language Services Joint Action Plan was developed and implemented to help address the needs and concerns of the local francophone community.

The plan identified the following priority areas:

- Increase active offer of French Language Services
- Enhance the mental health status of Francophone newcomers
- Promote equity
- Support the integration of a francophone lens in system planning activities.

Through ongoing monitoring by the LHIN's FLS Lead and regular discussions with identified HSPs, French Language Services continued to be provided in support of the French Language Services Act. Accordingly, HSPs identified to provide services in French submitted their Designation Readiness Assessment, tools and plans for providing services in French and active offer to the LHIN in 2016/17. The LHIN will be evaluating their readiness in 2017/18, working with each to help prioritize actions and create a roadmap to designation (full or partial). The LHIN will also reach out to all HSPs that completed a 2016/17 survey, regarding their readiness to become identified, and will assess capacity within each sub-region to provide French Language health services.



Demonstrate System Leadership

The Central West LHIN is responsible for ensuring that the health system delivers the best possible outcomes in terms of population health, value, and the patient experience. To carry out its responsibilities, the LHIN works with its partners to provide system leadership to serve patients, clients and residents. This leadership includes capacity planning, guiding system-wide initiatives, and supporting stakeholders throughout the system to provide the best possible care and outcomes for the population. This leadership also takes place in the context of provincial priorities that increasingly call for collaboration with government and other entities that extend well beyond the health sector.

Healthy Communities Initiative

Building healthy communities is more than bricks and mortar. Like many communities around the globe and across Canada, Brampton is addressing a common need, ensuring children, youth, adults and families are engaged in active healthy living so as to reduce their risk of health concerns and chronic illness.

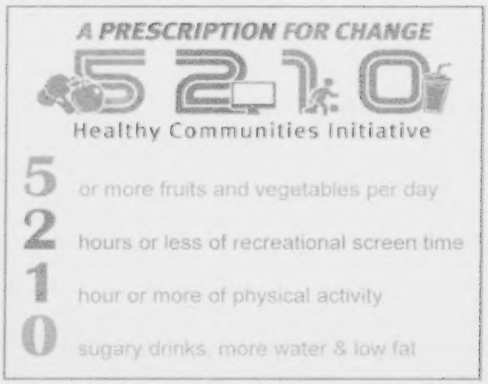
In 2015 the Central West LHIN was proud to take a leadership role in the development of the Healthy Communities Initiative, bringing together community leaders and partners to explore ways in which to create an active, healthy community, and to develop a plan for getting more PEOPLE, more ACTIVE, more OFTEN... mentally, physically and spiritually.

In October 2016 over 500 students, parents, educators, health care professionals, business leaders, and community and faith leaders gathered in north Brampton to formally launch the initiative.

Associated in large part with poor eating habits and physical inactivity, rates of diabetes in Peel Region are among the highest in the province and across the Greater Toronto Area (GTA). At the current rate, it is expected that one out of every six residents in Peel Region will have developed this chronic condition by 2027.

The cost of treatment for diabetes in Peel Region is currently $700M annually, a figure which is expected to surpass $1B by 2025. Direct costs for medication and supplies range from $1,000 to $15,000 annually, and life expectancy for people with Type-2 diabetes may be shortened by five to 10 years.

In particular, childhood obesity is a complex, multi-faceted issue requiring multi-sectoral partnerships to promote healthy living - 80% of Peel children are not physically active each day of the week, 83% do not meet proper fruit and vegetable guidelines, and 65% do not meet adequate milk and alternative standards.


A PRESCRIPTION FOR CHANGE
5 2 1 0
Healthy Communities Initiative
5 or more fruits and vegetables per day
2 hours or less of recreational screen time
1 hour or more of physical activity
0 sugary drinks, more water & low fat

A problem this profound requires a "5-2-1-0 Prescription for Change" and support from an entire community. Together, the Central West LHIN, City of Brampton, Region of Peel and William Osler Health System (Osler) formed the Healthy Communities Initiative, an alliance of local businesses, schools, health service providers, community partners and members to integrate a mandate of healthy eating and active living. As a collective, the organization encourages healthy options at congregation meals, implement menu labelling, enhance physical infrastructure and play areas, develop community gardens, establish active transportation infrastructure (e.g. bike racks) and collaborate with community organizations to deliver active programming.

Health Equity

Comprised of representatives from partner organizations, the Central West LHIN's Diversity and Health Equity Core Action Group (CAG) continued to explore and apply effective ways to improve cultural competency and minimize gaps for vulnerable populations throughout 2016/17.

One of the key ways to increase capacity and integration of health equity approaches is the introduction and utilization of the Ministry-developed Health Equity Impact Assessment (HEIA) tool, which the LHIN continued to leverage this past year, actively working with health system partners to gain a current understanding of the effective collection and analysis of socio-demographic data to improve program effectiveness and future planning and improved access and quality of health care services.

At the same time, in support of Ontario's *Patients First*: Action Plan for Health Care and recently passed Patients First Act (2016) the LHIN began the process of cross-referencing health care utilization data with socio-demographic information at a sub-region level in an effort to identify sources of inequity in the spatial accessibility of health care services.

HEIA Health Equity Impact Assessment

PERFORMANCE

The Ministry-LHIN Accountability Agreement (MLAA) is an agreement between each of Ontario's 14 LHINs and the Ministry of Health and Long-Term Care (MOHLTC). It outlines the obligations and responsibilities of both organizations with respect to the planning, funding and integration of local health care services.

The MLAA includes measures used to assess the LHINs performance which, from time-to-time, are modified according to the changing priorities of the health care system. As of fiscal year 2016/17, the MLAA lists 21 measures in two categories

- **Performance:** Provincial targets have been established for the 14 performance measures, based on best practice and clinical evidence where possible. LHINs must report to the MOHLTC on their performance against these targets on a quarterly and annual basis.
- **Monitoring:** Provincial targets have been established for some, but not all, of the seven monitoring measures. LHINs are not required to report on monitoring measures, but they often provide important supplemental or explanatory information about the performance measures.

Central West LHIN MLAA Indicators
2016/17 Annual Report Data

	Indicator	Provincial target	Provincial				LHIN			
			2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result YTD	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result YTD
1. Performance Indicators										
1	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	82.10%	85.58%	92.23%	88.97%	86.21%	89.02%
2	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	93.83%	94.53%	96.52%	95.43%	93.78%	95.40%
3	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	29.00	31.00	19.00	21.00	23.00	22.00
4	90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	10.85	10.57	11.48	11.23
5	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	3.50	3.68	3.70	3.85
6	Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	25.35%	33.34%	45.04%	42.30%
7	Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	79.03%	71.51%	88.60%	88.52%
8	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	47.47%	67.50%	75.96%	75.90%
9	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	47.88%	72.19%	62.12%	64.65%
10	Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.85%	15.16%	7.14%	6.38%	6.67%	7.42%
11	ALC rate	12.70%	13.70%	13.98%	15.27%	15.19%	6.26%	5.53%	7.46%	6.44%
12	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.39%	19.81%	24.74%	24.84%	24.37%	23.32%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	31.15%	31.40%	27.59%	31.89%	36.27%	32.69%
14	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.66%	16.51%	15.90%	15.91%	14.92%	15.46%
2. Monitoring Indicators										
15	Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	85.86%	88.55%	83.24%	85.29%
16	Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	NA	NA	NA	NA
17	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	89.21%	87.08%	95.50%	92.63%
18 (a)	CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	14.00	14.00	20.00	21.00	21.50	20.00
18 (b)	CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	8.00	12.00	13.00	17.00	13.00
19	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	4.58	12.28	5.25	4.93	1.11	3.09
20	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	81.88	241.40	279.11	273.16	67.08	202.37
21	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.46%	47.81%	55.41%	56.52%	56.89%	56.99%

* Results based on available data from Q1-Q3 2016/17.
** Results based on available data from Q1 and Q2 2016/17.
YTD = Year-to-Date

The following section provides an overview of MLAA indicators grouped by which sector of the health care system they are measuring.

Primary Care

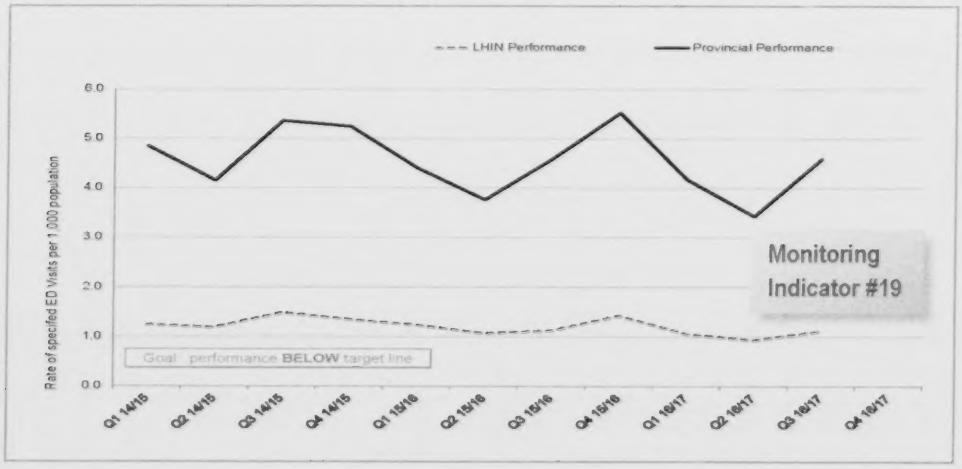
Primary care is the day-to-day health care provided by family doctors and other health care professionals in the community. Primary care measures in the Central West LHIN are included as monitoring indicators, but do not have target performance associated with them.

Monitoring Indicator #19: **Rate of emergency visits for conditions best managed elsewhere per 1,000 population** | Rate of low acuity emergency visits that could be treated in alternative primary care settings for patients aged one through 74 years. Conditions include:

- Conjunctivitis (pink eye)
- Upper Respiratory Infection (cough/cold)
- Otitis Media (earache)
- Cystitis (urinary tract infection).

For patients who are not seniors and have no other complications, the four conditions listed above are not emergencies and should usually be treated in a setting other than the emergency department (ED). If patients are arriving at EDs for these conditions, it indicates that these patients did not have adequate access to primary care either because they do not have a primary care provider, because they were not aware of the availability of their primary care provider or their primary care provider was not available to them within a reasonable time.

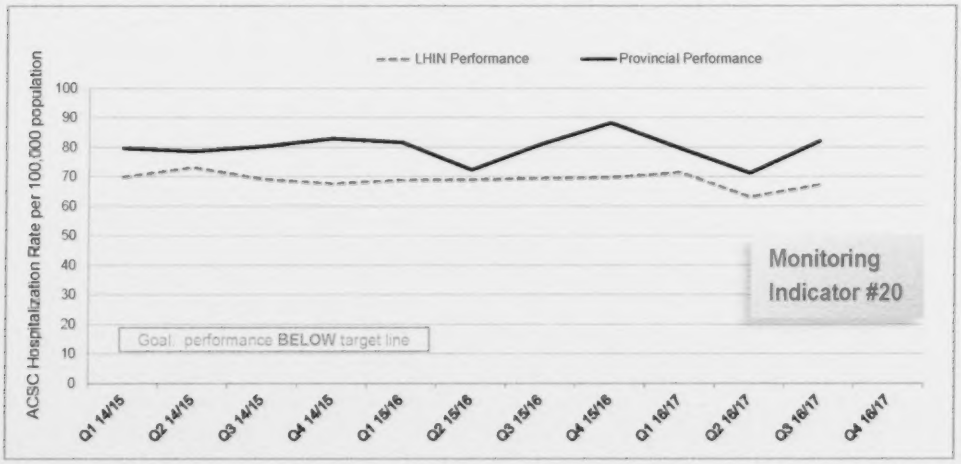
In 2016/17, the Central West LHIN was ranked best in the province for this indicator, suggesting that residents have better mechanisms for dealing with urgent, but non-emergent, health care issues than most Ontarians. There is no provincial target for this indicator.



Monitoring Indicator #20: **Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*** | Rate of hospitalization for ambulatory care sensitive conditions per 100,000 population age < 75. Conditions include:

- Grand mal status and other epileptic convulsions
- Congestive heart failure (CHF) and pulmonary edema
- Chronic obstructive pulmonary disease (emphysema and bronchitis)
- Asthma, diabetes, hypertension and angina.

When managed effectively in primary care and/or the community, ambulatory care sensitive conditions should not lead to hospitalizations. Hospitalizations for these conditions are often referred to as avoidable hospitalizations and indirectly measure the ability of the health care system to manage chronic conditions, access to primary care and care in the community. Optimizing management of these conditions can potentially contribute to both improved patient health outcomes and more efficient resource utilization. In 2016/17, the Central West LHIN ranked among the best in the province for this indicator. There is no provincial target for this indicator.



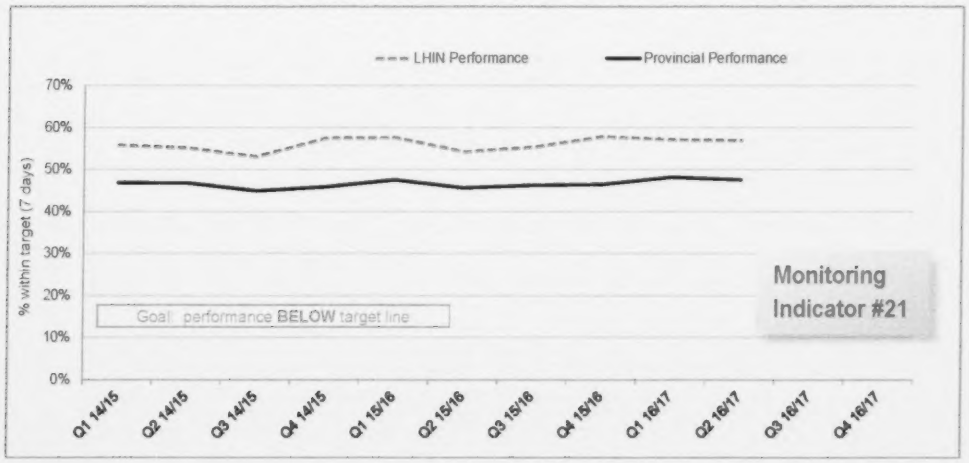
Monitoring Indicator #21: Percentage of acute care patients who had a follow-up with a physician within seven days of discharge | Percentage of patients with a hospital stay for specified conditions who saw their physician within seven days of discharge. Conditions include:

- Acute myocardial infarction (age 45+) (heart attack)
- Cardiac conditions other than heart attack (age 40+)
- Congestive heart failure (age 45+)
- Chronic obstructive pulmonary disease (age 45+) (emphysema and bronchitis)
- Pneumonia
- Diabetes
- Stroke (age 45+)
- Gastrointestinal disease.

Chronic conditions that are not managed appropriately are a cause of substantial avoidable interactions with the health care system. When a patient with a chronic condition experiences an exacerbation of that condition, it often requires an ED visit and admission to an inpatient bed. The combination of appropriate care while in hospital, seamless hand off of care to community

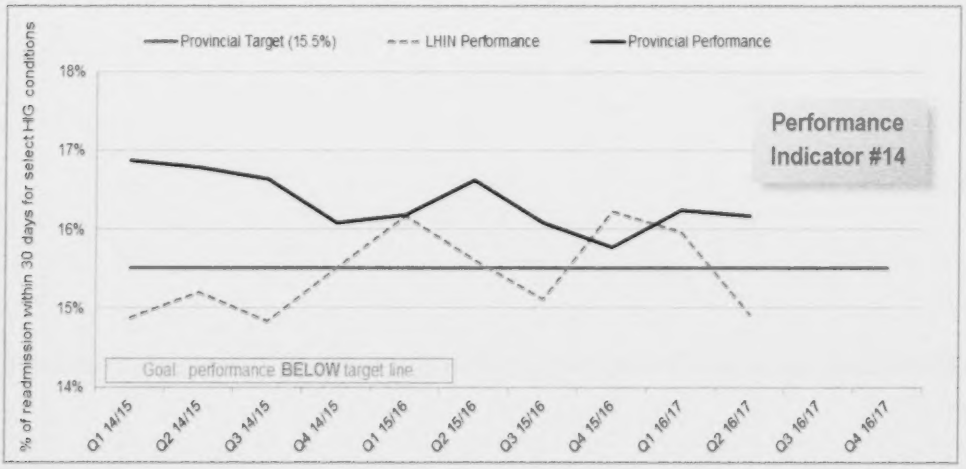
providers, and appropriate follow-up and preventative care in the community can prevent recurrence of exacerbations and repeated admissions to either the ED or the hospital.

One of the most important steps in this preventative sequence is connection with the patient's primary care provider shortly after discharge from hospital. In 2016/17, the Central West LHIN ranked best in the province for this indicator. There is no provincial target for this indicator.



System Integration and Access

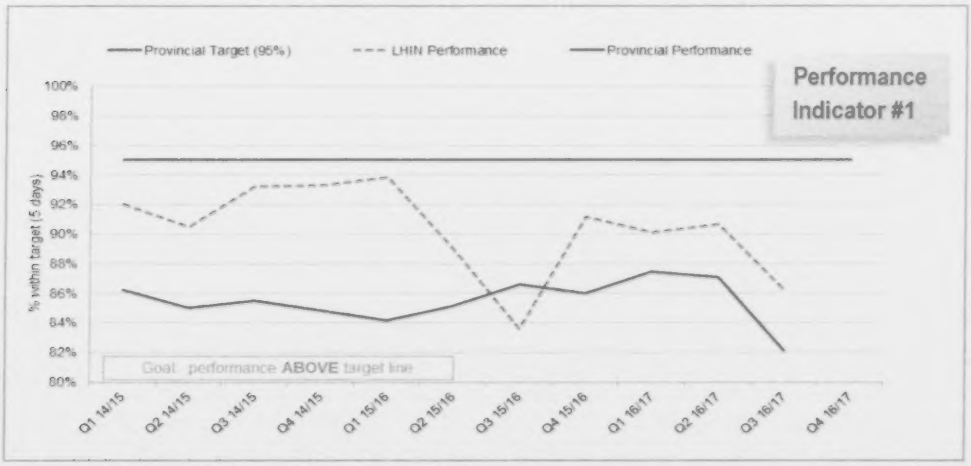
Performance Indicator #14: Readmission within 30 days for selected Health-Based Allocation Model Inpatient Grouper (HIG) conditions | This indicator measures the proportion of patients being treated for chronic disease(s), who required subsequent admissions to hospital after an initial hospital stay. This performance indicator is closely related to Monitoring Indicator #19. The chronic conditions being addressed are the same, and follow-up with a primary care provider after discharge is one of the interventions likely to prevent readmission. The Central West LHIN raked among top performers provincially for this indicator in 2016/17.



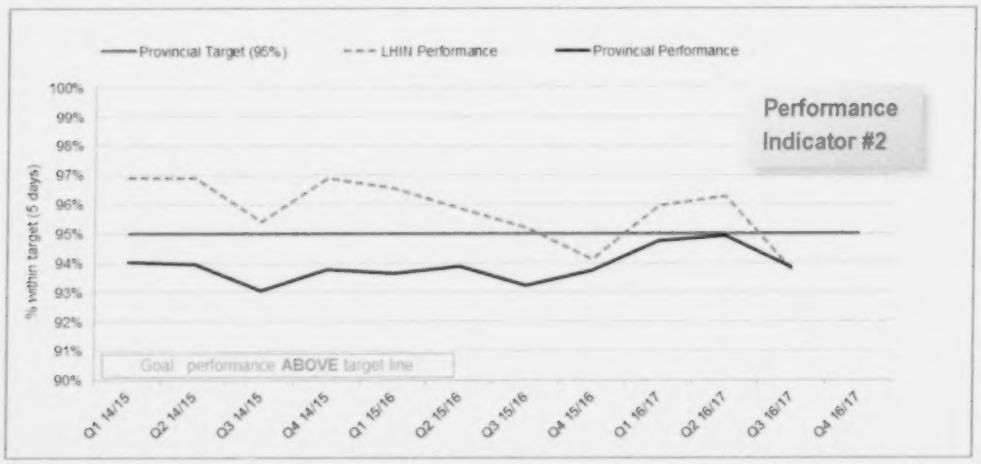
Home and Community Care

To prevent or delay visits to EDs, hospitalizations, and applications to Long Term Care (LTC), and to enable discharge from hospital, Community Care Access Centres (CCAC's) provide a variety of in-home support services in addition to assisting local residents navigate a host of additional community services. LHINs are measured on the time it takes for a resident to receive CCAC support services, after having applied for the service. This period includes both the time from application to assessment and from assessment to delivery of services.

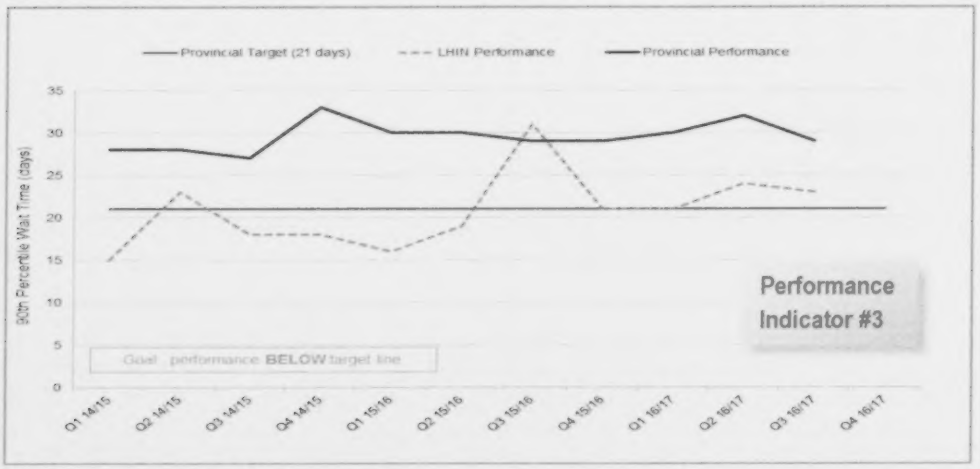
Performance Indicator #1: Percentage of home care clients with complex needs who received their personal support visit within five days of the date that they were authorized for personal support services | Services provided in the home prevent or delay ED visits and hospitalizations. The provincial access target for the time between when clients are authorized for personal support and the time that they begin receiving that support is five days. At a system level, we measure what proportion of the clients receiving services are receiving them within that provincial target. At 89%, the Central West LHIN is surpassing the provincial average for this indicator at the time of reporting.



Performance Indicator #2: Percentage of home care clients who received their nursing visit within five days of the date they were authorized for nursing services | Services provided in the home prevent or delay ED visits and hospitalizations. The provincial access target for the time between when clients are authorized for nursing services and the time that they begin receiving that support is five days. At a system level, we measure what proportion of the clients receiving services are receiving them within that provincial target. At 95% year-to-date, the Central West LHIN has met the provincial target for this indicator thus far in 2016/17.



Performance Indicator #3: 90th Percentile Wait Time for Community Care Access Centre (CCAC) In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) | The longer a client who needs in-home services at home waits to receive it, the more likely it is that that client's condition will deteriorate, and that they will require a visit to the RD and potential hospitalization. The provincial access target for the time between when clients are authorized for in-home services and the time that they begin receiving that support is 21 days. At the time of this report, the Central West LHIN ranked fourth out of 14 LHINs.

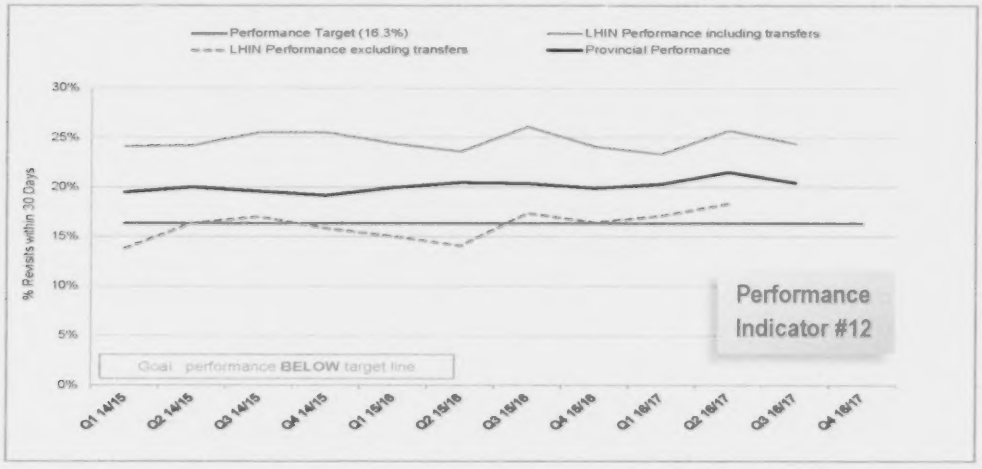


Health and Wellness of Ontarians... Mental Health

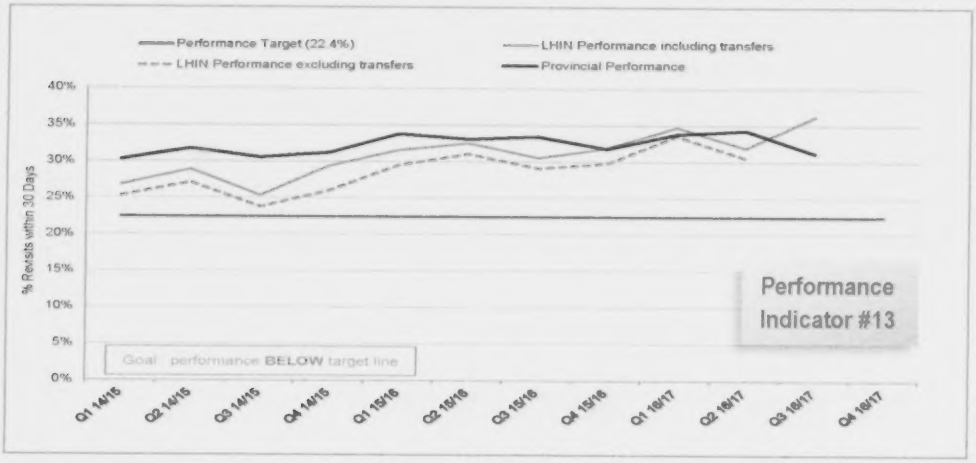
Visits to hospital EDs may be the appropriate point of access to care for individuals with mental health and substance abuse conditions who are in crisis. Repeat emergency visits generally indicate premature discharge or a lack of coordination with post-discharge care and can contribute to emergency visit pressures.

Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for Ontario residents. This measure attempts indirectly to measure the availability and quality of community services for patients with mental health and substance abuse conditions. It also supports the future development and improvement of data collected that could be used to measure the quality and availability of community mental health and substance abuse services directly, especially relating to wait times.

Performance Indicator #12: Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions | Within this calculation, the MOHLTC considers a repeat visit to have occurred every time a patient is transferred from one ED to another, despite the fact that these transfers took place within the same "episode of care" and with no opportunity for the patient to receive community services between the two departments. In-depth analysis at the Central West LHIN level suggests that when these types of transfers are excluded from the measurement, actual performance is much better than what is purported by the provincial calculation. More Central West LHIN residents are likely receiving the care they need in the community to prevent repeat visits to EDs.



Performance Indicator #13: Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions | LHIN analysis shows that patients with substance abuse conditions are also receiving better services than is suggested by provincial reporting. However, the difference is not as pronounced as it is for patients with mental health conditions. During the 2016 calendar year, alcohol accounted for 80% of repeat visits for substance abuse, and fewer than 30 patients accounted for more than 50% of repeat visits.

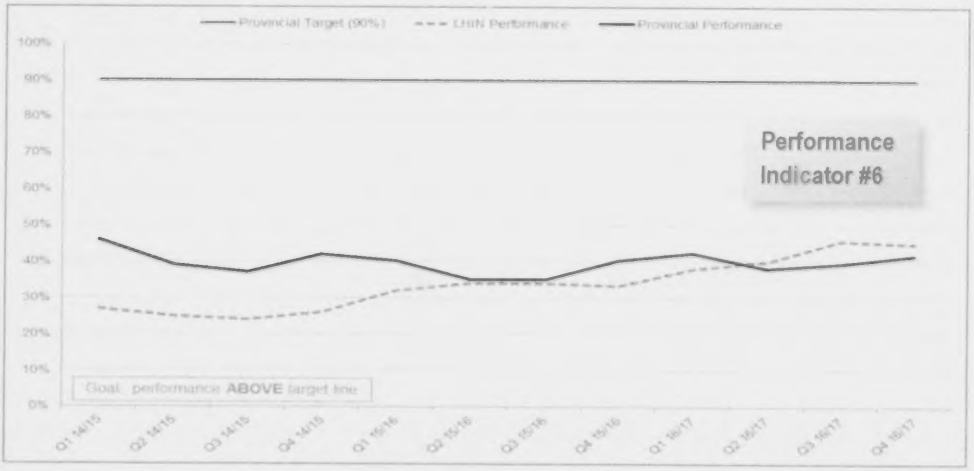


Wait Times

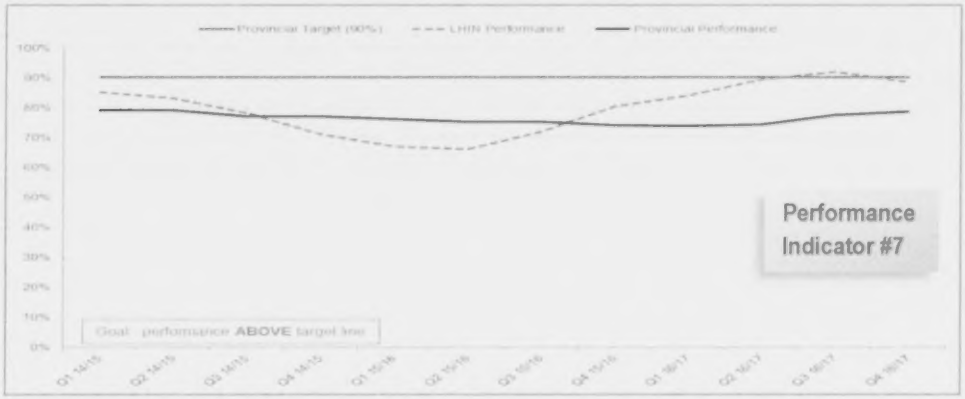
Wait time indicators measure the proportion of patients who received their surgical or diagnostic imaging procedures within established provincial access targets. Patients waiting for these procedures are placed, by their physician, into one of four categories according to how quickly they need the procedures. LHIN performance is measured for patients in the all but the most urgent category; Priority I patients are expected to receive services immediately.

Diagnostic Imaging

Performance Indicator #6: Percent of priority 2, 3 and 4 cases completed within access target for magnetic resonance imaging (MRI) scans | At the time of this report, the Central West LHIN ranked above the provincial average, with 42% of patients receiving a diagnostic MRI within the provincial access target. The LHIN has neither the physical nor financial capacity to meet the local demand for MRI scans.

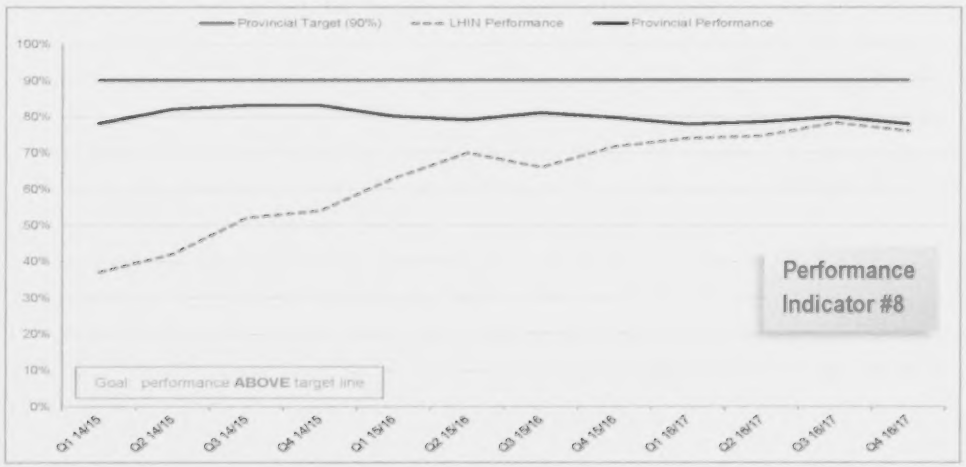


Performance Indicator #7: Percent of priority 2, 3 and 4 cases completed within access target for computerized tomography (CT) scans | With 89% of patients having received a diagnostic CT scan within the provincial access target, the Central West LHIN notably improved on this indicator in 2016/17 (17% year-over-year), surpassing the provincial average by 13%.

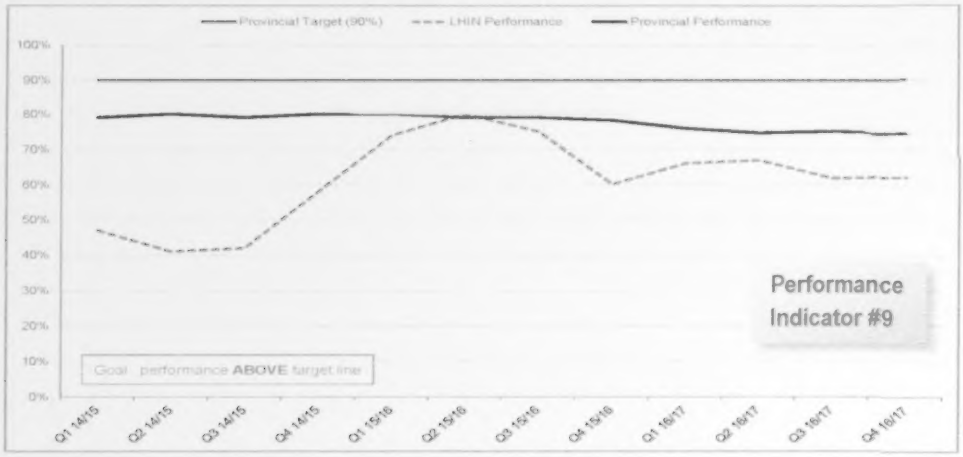


Surgical Procedures

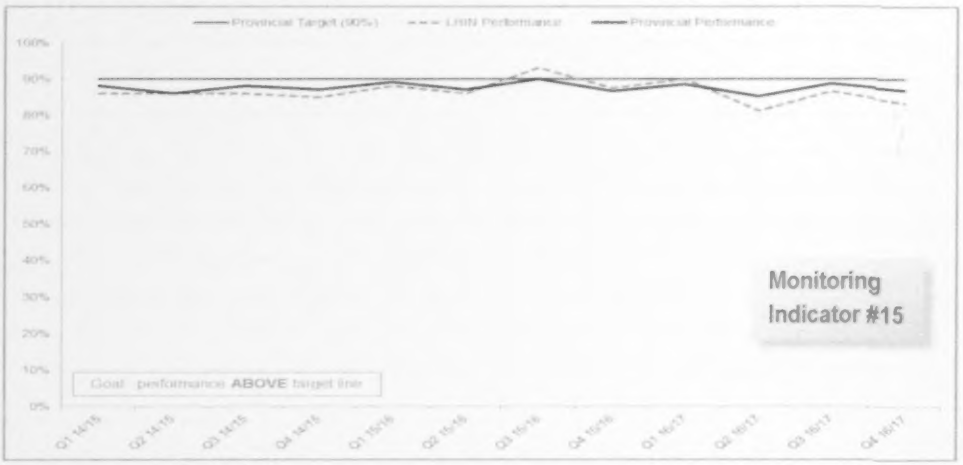
Performance Indicator #8: Percent of priority 2, 3 and 4 cases completed within access target for hip replacement | While demand for joint replacement elective surgeries continues to outstrip funded supply, Central West LHIN hospitals completed all surgeries for which the MOHLTC allocated funding for in 2016/17. These numbers were not sufficient to clear the wait list.



Performance Indicator #9: Percent of priority 2, 3 and 4 cases completed within access target for knee replacement | As with hip replacement surgeries, the demand for knee replacement elective surgeries exceeds the supply currently funded by the MOHLTC.

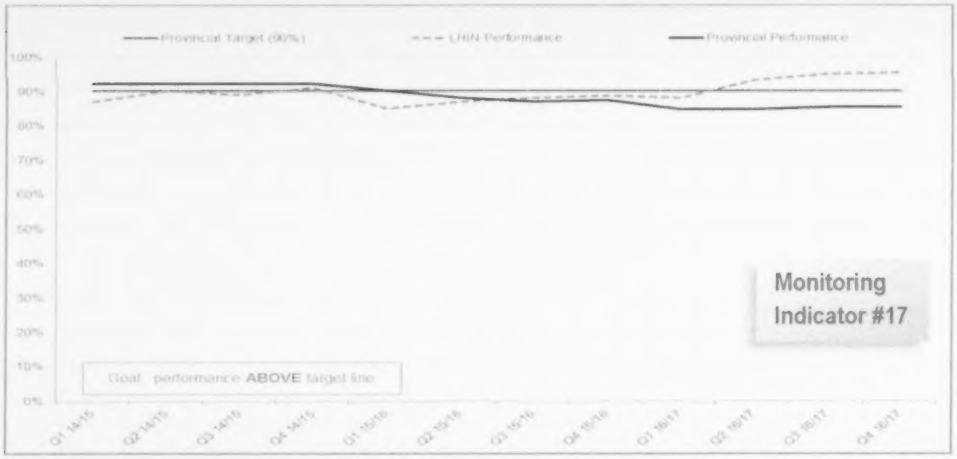


Monitoring Indicator #15: Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery | In 2016/17 Central West LHIN hospitals completed 85% of cancer surgeries within the access target.



Monitoring Indicator #16: Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery | No hospitals within the Central West LHIN provide cardiac by-pass procedures. There is no chart for this monitoring indicator.

Monitoring Indicator #17: Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery | In 2016/17, the Central West LHIN exceeded the provincial target of 90%, and provincial average by eight percent.



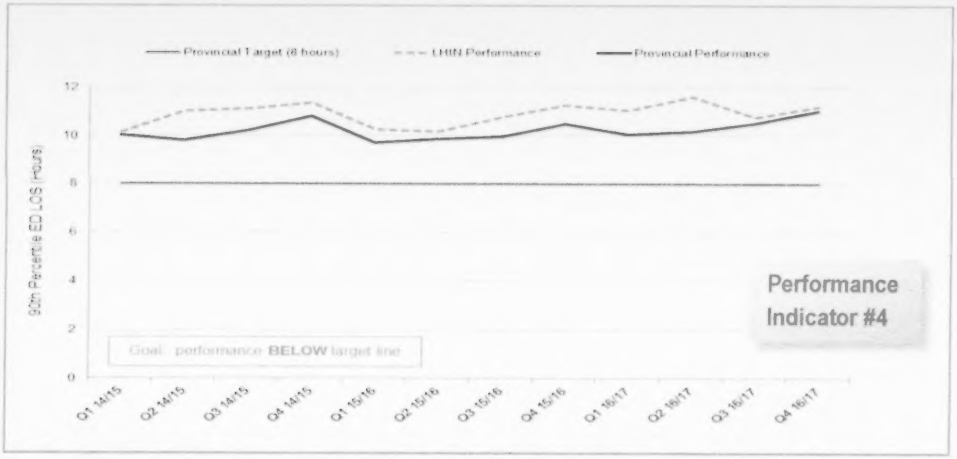
Hospital Care

Emergency Department (ED) Length of Stay

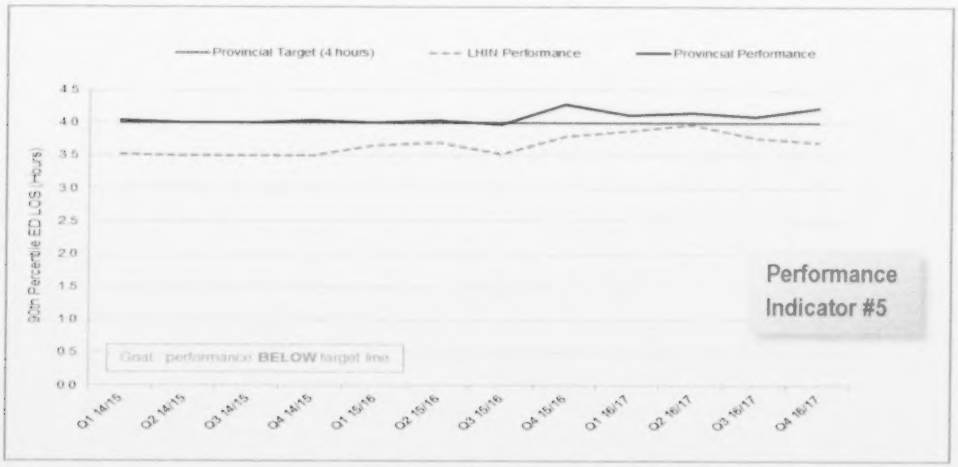
ED indicators measure the length of time from patient arrival at the ED, to patient discharge from the ED. This measure includes wait time as well as diagnosis, treatment and monitoring time.

Performance Indicator #4: 90th percentile emergency department (ED) length of stay for complex patients | Most patients who are triaged as high acuity or who require admission to an inpatient bed benefit from up to eight hours in the ED. This time is spent being assessed, treated, and stabilized, and allows the physicians at the hospital to make a decision about whether the patient can be discharged home or needs to be admitted to an inpatient unit. After eight hours, it is more likely that additional time spent in the ED does not add value to the patient's care, and that if they have not already been discharged home, they would be better off with the longer-term and more specialized care associated with an inpatient unit.

Central West LHIN performance in 2016/17 missed the provincial target by just over three hours. This performance is due to the time experienced by patients waiting in the ED for admission to an inpatient unit. The Central West LHIN has the highest proportion of high acuity ED visits of any LHIN. It also has the lowest ALC rate of any LHIN. However, Brampton Civic Hospital (BCH) consistently experiences the highest overall volume of any ED in Ontario, leading to a greater need for acute hospital capacity than exists in the LHIN. Fluctuations in performance indicate the LHIN's response to and management of these volumes.



Performance Indicator #5: 90th percentile emergency department (ED) length of stay for minor/uncomplicated patients | Most patients who are triaged as having a minor or uncomplicated problem benefit from up to four hours in the ED. This time is spent being assessed, treated, and stabilized. After four hours, it is more likely that additional time spent in the ED does not add value to the patient's care, and that at least some of the time spent in the ED has been spent waiting. Despite increased ED volumes in 2016/17, Central West LHIN LOS for low acuity patients was among the best in the province, well within the four hour provincial target.

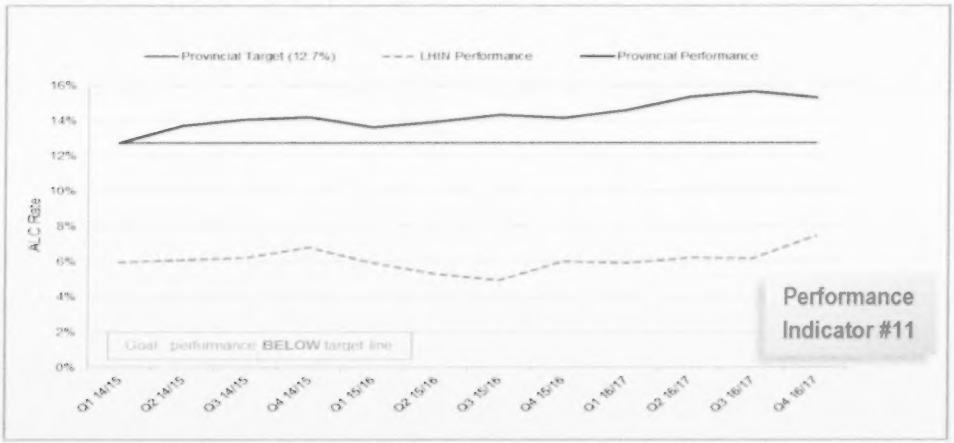


Alternate Level of Care

When a hospital inpatient has completed her hospital stay, she should be discharged to the next most appropriate destination for her condition. Alternate Level of Care (ALC) refers to those patients who continue to occupy hospital beds after they have completed a course of treatment for which they were admitted and no longer require the care associated with those beds. For a variety of reasons, these patients experience barriers to discharge from hospital. The patient could be waiting for a lower level of care within a hospital or for a lower level of care in the community or LTC.

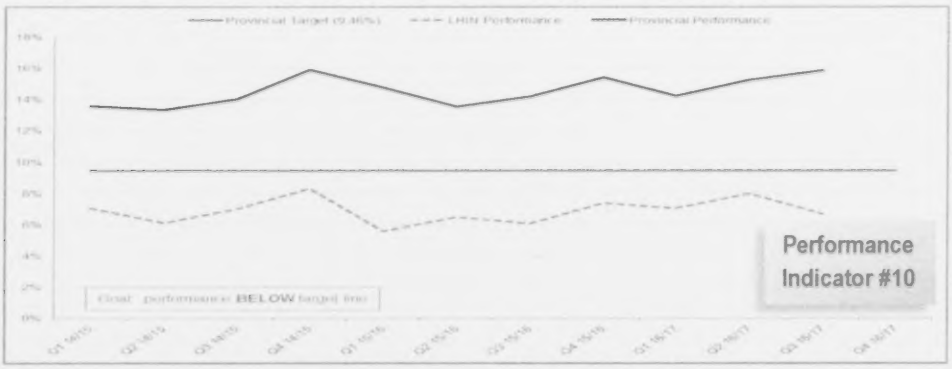
Performance Indicator #11: ALC rate | Every hospital bed occupied by a patient designated ALC is a bed that is no longer included in the overall hospital's capacity. A patient who is designated ALC is occupying a hospital bed that, in many cases, is needed by a patient waiting in a different part of the system, such as the ED. Additionally, a day in a higher level of care costs the system more than a day in a lower level of care. A reduction in ALC days results in more beds being available for those who need in-hospital treatment and makes better use of health system resources.

In 2016/17, the Central West LHIN had the lowest (best) ALC rate in the province, keeping the majority of inpatient capacity in use by patients needing it at the time.



Performance Indicator #10: Percentage of Alternate Level of Care (ALC) Days | All ALC days are non-value added for the patient; they are pure wait time, during which by definition the patient is not receiving the care they need. In addition, a patient who is designated ALC is in a riskier environment than necessary (potentially exposed to hospital-acquired infections and not being activated and socialized). Patients remain in hospital longer than necessary for various reasons, including room availability in residential facilities, delays in discharge, and social and familial situations.

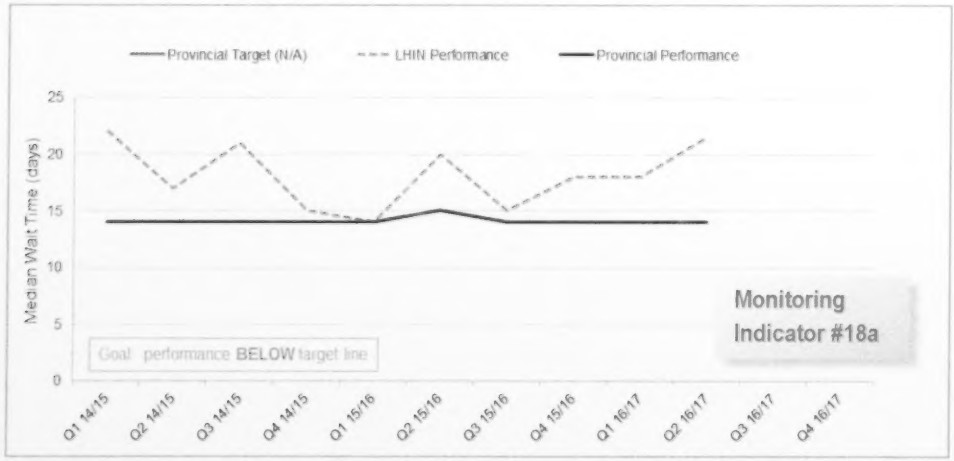
At the time of this report, the Central West LHIN had the best performance of all 14 LHINs year-to-date, meaning that patients who were discharged from Central West LHIN hospitals spent less time waiting for care in their homes, in LTC or in post-acute beds.



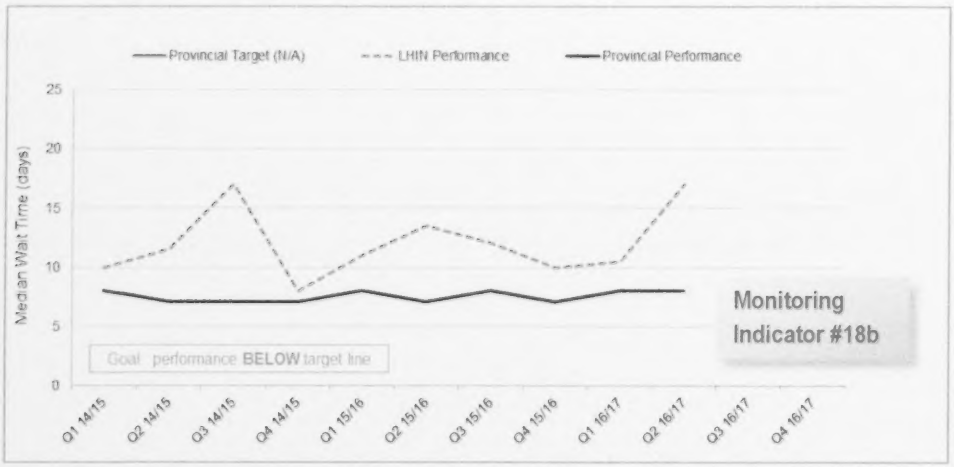
Long Term Care

These measures are indications of the Central West LHIN resident's experience - how long did it take for residents to be evaluated for eligibility for care in a Long-Term Care Home (LTCH). One hundred percent of the time measured for this metric is wait time, and therefore non-value added. The CCAC determines a person's eligibility for admission to a LTC home based on parameters and requirements outlined by the MOHLTC. There are no performance targets for these measures.

Monitoring Indicator #18(a): CCAC wait times from application to eligibility determination for LTC placements: from community setting | Half of Central West LHIN residents awaiting assessment in their homes waited up to 20 days for this assessment between October 2015 and September 2016. There is no provincial target for this indicator.



Monitoring Indicator #18(b): .CCAC wait times from application to eligibility determination for LTC home placements: from acute-care setting | Half of Central West LHIN residents awaiting assessment in hospital waited up to 13 days for this assessment between October 2015 and September 2016. There is no provincial target for this indicator.



ENGAGING LHIN COMMUNITIES

The Local Health System Integration Act (2006) and recently passed Patients First Act (2016), are based, in part, on the premise that the health care needs of local communities are best understood by those who live and work in them. Actively engaging and informing patients, families, local residents and communities in and about their local health care system is a fundamental priority of the Central West LHIN, largely predicated on developing meaningful relationships through effective community engagement.

Community engagement itself, is as much about helping LHIN residents to better understand their local health care system as it is about listening to their perceptions and needs, empowering them to be active participants in the planning process.

In 2016/17, Central West LHIN communications and community engagement activities were aligned with its 2016/17 Annual Business Plan and informed by pan-LHIN Community Engagement Guidelines issued in June 2016.

More specifically, the LHIN carried out these activities focused on the following objectives:

- Support the priorities of the LHIN's 2016-2019 Integrated Health Service Plan (IHSP 2016-2019)
- Continue to build confidence among residents of the Central West LHIN that:
  - Progress is being made to improve access to health services
  - Progress is being made to improve the patient experience
  - The system is sustainable, being effectively managed, and providing value for tax dollars
  - The system is transparent.
- Increase the health literacy of LHIN residents to improve health and healthy outcomes
- Engage providers, stakeholders and system leaders to become active participants in and ambassadors for health system transformation
- Educate and build broad stakeholder awareness of Central West LHIN strategic directions and initiatives and priorities identified in IHSP 2016-2019
- Build understanding and awareness of Ontario's *Patients First*: Action Plan for Health Care, the Patients First Act (2016), the future role of the Central West LHIN and the need to ensure patients remain at the centre of their health care system
- Raise awareness of the Central West LHIN's role, its unique characteristics, value proposition, calibre and credibility of work, and importance within the local health care system
- Educate and build awareness among HSPs regarding shared accountability for local health system transformation and the alignment of their respective initiatives with IHSP 2016-2019
- Continue to build strong, trusted relationships with HSP communications teams across the Central West LHIN, working together to optimize communication resources and coordinated services.

Throughout 2016/17, the Central West LHIN continued to place an emphasis on building and leveraging the strong, meaningful relationships it has developed with residents, HSPs, community partners and those agencies not funded by the LHIN but whose activities contribute to the overall design and integration of their local health care system. Depending on the level of participation required, the LHIN used a variety of engagement tools and tactics to inform, consult, involve, collaborate and/or empower its various stakeholder audiences. Engagement highlights include:

News Releases	Inform	In addition to promoting government and ministry releases, the LHIN worked closely with local MPPs to issue several releases this past fiscal year. Distribution resulted in several stories being picked up by weekly publications.
eNewsletter	Inform and Involve	The LHIN's monthly external newsletter, *Working Together for Healthy Change is* broadly targeted to all stakeholders including HSPs, MPPs and other publicly elected officials, governors, and the general public. Providing a review of notable undertakings by both the LHIN and its partners, the publication also solicits stories and feedback from stakeholders which has subsequently been used in various ways to help inform future planning activities.
Governance and Senior Leadership Forum	Involve	Central West LHIN Governance and Leadership Forums have become increasingly popular drawing upwards of 180 health care professionals and Governors at any given event. In 2016/17 the LHIN held two sessions. – April 2016: *Leadership development and the Studer Methodology* with keynote speaker Mitch Hagins, General Manager, Studer Group Canada. – November 2016: *The Patient Experience* with keynote speaker Christine Elliott. Guest speakers included representatives from Patient and Family Advisory Councils at the Central West CCAC and Brampton Civic Hospital (BCH).

Special Events	Involve	The Central West LHIN was proud to host its inaugural Quality Awards in early 2017. A celebration of quality and excellence, these awards celebrated the achievements of local partner teams as they relate to the strategic directions and initiatives outlined in IHSP 2016-2019. From 17 submission the LHIN was honoured to award two recipients and three honourable mentions in front of over 150 attendees at the award ceremony. In collaboration with the Wise Elephant family health team and William Osler Health System (Osler), the LHIN was again proud to host the 6th Annual Central West Chronic Disease Prevention and Management Conference. With a keynote address delivered by Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, over 130 health care professionals from across the Greater Toronto Area attended this year's event. Additional special events that enabled the LHIN to showcase its valued partnerships included sod turnings at Etobicoke General Hospital (EGH) and Headwaters Health Care Centre (Headwaters), Key Ceremony at the new Peel memorial Centre for Integrated Health and Wellness, formal launch of the Healthy Communities Initiative and Faith Manor redevelopment announcement.
Community Forums/Events	Inform	In 2016/17, the Central West LHIN was pleased to support two elected official events, helping to educate and inform local residents about their local health care system. – Annual Government and Community Services Fair hosted by MPP Yvan Baker – Caledon Seniors Forum hosted by Mayor Allan Thompson. In 2016/17, the LHIN was also pleased to present to the Palgrave Rotary Club and Brampton Board of Trade.
Partner Annual General Meetings (AGMs)	Inform	In support of our valued partners, the LHIN was pleased to provide remarks at 10 AGMs this past fiscal year.
Operational Publications - Annual Business Plan / Annual Report	Inform	Both of these publications are distributed to broad stakeholder audiences as effective tools to help educate and inform regarding the LHIN's ongoing priorities.

How are we doing... the 2016/17 Central West LHIN Community Consultation Study, measuring satisfaction

If the health needs of local communities are best understood by those who live and work in them, it stands to reason local residents are the best source to inform the Central West LHIN if local planning and investments in high quality, person-centred care are on the right track.

Offered in multiple languages to over 609 residents by phone, the Central West LHIN commissioned its fifth community poll in 2016/17 to understand residents' awareness, priorities and satisfaction related to their local health care system. Similar surveys were conducted in 2006, 2009, 2013, and 2015 which helped to inform IHSP 2016 -2019.

Consistent with results from the last survey, LHIN residents remain concerned about wait times. There is also concern about the number of doctors and nurses available to meet the needs of a rapidly growing and ageing population. Of those residents who said that the Central West LHIN is moving in the right direction, the most common reasons for this response was that health care services have improved, notably quality of care, primary care and additional investments in local LHIN hospitals.

LHIN residents also hold high expectations of local health care services, with nearly all residents indicating that they should be able to get routine health care services in their local community and that the health care system should help people manage their complicated health conditions instead of just treating symptoms. In addition, residents felt the health care system should strive to provide health care in the home and community, not just in hospitals.

For a copy of the survey report please visit the Central West LHIN Website.

The Road Ahead

Planning for, and realizing, the future health care needs of Central West LHIN patients and communities.

Capital Investments

Following a number of infrastructure announcements in 2013 and 2014, 2016/17 saw further advancement and physical development of a number of important projects, all of which are being designed with the current and future needs of LHIN patients and communities at their centre.

Etobicoke General Hospital

In May, William Osler Health System (Osler) broke ground on renewal of its Etobicoke General Hospital (EGH) site, which is now well on its way to helping expand access to the services needed most by its local and surrounding communities.

On track to open in late 2018, EGH's new state-of-the art wing will provide the best in diagnostics, treatment and technology to serve the community's most urgent health care needs. The new four-storey wing will support the delivery of world class emergency care and help establish centres of excellence in high-priority areas. Once complete, the new four-storey wing will provide patients with access to:

- A larger, state-of-the-art Emergency Department
- Critical Care and Intensive Care Units nearly four times larger than the current space
- A maternal newborn unit with birthing suites and a specialized nursery
- A new ambulatory procedures unit
- Cardiorespiratory and neurodiagnostic services.

A new ancillary services building on the EGH site will house a number of outpatient programs and services, including a fracture clinic, diagnostic imaging and a satellite dialysis program.

Headwaters Health Care Centre

In June, Headwaters Health Care Centre (Headwaters) officially broke ground on a transformative expansion and renovation project designed to meet the growing health care needs of the local and surrounding communities. This represents the first major expansion of Headwaters since it first opened the doors at its current location back in 1997.

Construction is now underway on a new, 8,700 square foot expansion that will house important services like chemotherapy and oncology, infusion clinics, minor procedures and telemedicine. Meanwhile, 11,900 square feet of existing hospital space is being renovated to add another operating room, improve reception and expand pre- and post-surgical recovery areas.

Peel Memorial Centre for Integrated Health and Wellness

In November, following its official topping off during the summer of 2015, Osler received the keys and started moving in to a new state-of-the-art Peel Memorial Centre for Integrated Health and Wellness (Peel Memorial).

Officially opening in 2017, Peel Memorial will offer patients in Brampton and surrounding communities complimentary services to those at Brampton Civic Hospital (BCH), providing a range of specialty clinics, day programs and services – from high-tech diagnostics and surgery, to women's and children's health. Space has also been allocated for education classrooms where patients and family members will be able to learn from health care professionals about how to take a more active role in managing their own health. And, in advance of its official opening, Peel Memorial opened the doors to its new Urgent Care Clinic in February 2017.

Holland Christian Homes' Faith Manor

Holland Christian Homes signed a Development Agreement with the Ministry of Health and Long-Term Care (MOHLTC), outlining the terms and conditions that will govern the redevelopment of Faith Manor. The agreement covers a variety of topics that include project requirements, payment schedules, reporting requirements and the preliminary project schedule. Construction is expected to begin in the summer of 2017.

This redevelopment project, which will result in 120 resident spaces, is being completed as part of the province's Long-Term Care Renewal strategy which will seek to upgrade more than 300 Long-Term Care homes over a nine year period.

When complete, residents will benefit from a variety of enhancements including an environment that is comfortable, aesthetically pleasing and as home-like as possible; additional space for specialized programs like rehab and physiotherapy; more spacious rooms with a maximum of two residents per bedroom; greater wheelchair access in bedrooms, bathrooms, showers and doorways. Staff can also expect more private and up-to-date work spaces.

Peel Manor

In 2016/17, planning continued with the Region of Peel on the development of a Program of All-inclusive Care for the Elderly (PACE) model of care. The PACE model of care provides a comprehensive medical/social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute and LTC services. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model affords eligible individuals to remain independent and in their homes for as long as possible. Within Peel Region, planning is focused on a phased-in development of a PACE model with some aspects available early in the project and the complete package of programs and services available only after appropriate space is made available as part of the redevelopment of the Peel Manor LTC Home.

Kipling Acres

Throughout 2016/17, construction progressed at Kipling Acres' 147 bed Phase II redevelopment. First residents are expected to be admitted during the spring of 2017.

LHIN Renewal and the Patients First Act (2016)

In support of Ontario's *Patients First:*Action Plan for Health Care *(Patients First)*, passage of the Patients First Act (2016) represented a significant milestone that lays the foundation for a meaningful transformation of provincial and local health care systems. It set in motion collaborative planning that will bring together the Central West Community Care Access Centre (CCAC) and Central West (LHIN) under a new LHIN banner, while ensuring a seamless transition of programs and services invisible to patients and their families.

Among its many components, the Patients First Act (2016) enables LHINs to become a single regional point of integration and accountability for Ontario's health care system.

Currently, LHINs are responsible for the planning, funding, integration and monitoring of local health care systems including hospitals, Long-Term Care (LTC) Homes, community services and mental health and addiction services. Through the Patients First Act (2016), LHINs will also become responsible for home and community care (currently the function of Ontario's 14 CCACs, and primary care planning to ensure that people in Ontario are getting better and more local care, with less administration.

The objectives that will be accomplished through LHIN renewal and health system transformation include structural changes that will see a better integration of health care services and, over time, patients will experience more efficient and effective care, resulting in a better experience for both patients and those who care for them.

In preparation for transition and subsequently transformation, the Central West LHIN has already begun to work with local health system partners to advance key priority areas for home and community care services, including:

- Implementing strategies to improve timely access to home and community care
- Identifying and implementing opportunities to:
  - Strengthen the integration of primary care and home and community care, including options for strengthening linkages between care coordinators and primary care practices
  - Enhance the continuity of care by geographically aligning home care service providers with sub-region boundaries
  - Improve transitions in care, particularly transitions supported by home care.

While the Central West LHIN is proud of the work it accomplished in 2016/17, passage of the Patients First Act (2016) marks the start of many exciting things to come. The LHIN will embrace the opportunities that lie ahead, continuing to place the needs of LHIN residents and patients first and ensuring they remain at the centre of their local health care system.

Putting patients first is a shared responsibility. In collaboration with its local partners, the Central West LHIN HIN will continue down a road toward healthy change. Only by working together, can we make healthy change happen.

Financial statements of

Central West Local Health Integration Network

March 31, 2017

Central West Local Health Integration Network

March 31, 2017

Table of contents

Independent Auditor's Report 1-2

Statement of financial position 3

Statement of operations 4

Statement of change in net debt 5

Statement of cash flows 6

Notes to the financial statements 7-15

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Independent Auditor's Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the accompanying financial statements of Central West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2017, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Central West Local Health Integration network as at March 31, 2017 and the results of its operations, changes in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
May 24, 2017

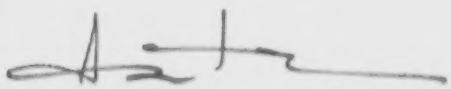
Central West Local Health Integration Network

Statement of financial position
as at March 31, 2017

	2017	2016
	$	$
Financial assets		
Cash	**1,617,589**	1,251,774
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSP")	**3,937,890**	439,533
Due from other LHINs - Enabling Technologies for Integration (Note 3b)	**63,414**	8,666
Due from LHIN Shared Services Office (Note 4)	**-**	31,237
Other	**102,730**	105,905
	5,721,623	1,837,115
Liabilities		
Accounts payable and accrued liabilities	**746,523**	770,676
Due to MOHLTC (Note 3c)	**974,005**	624,171
Due to HSP	**3,937,890**	439,533
Due to the Health Shared Services Ontario (Note 4)	**3,632**	-
Due to other LHIN	**147,557**	11,339
Deferred capital contributions (Note 5)	**16,538**	17,012
	5,826,145	1,862,731
Net debt	**(104,522)**	(25,616)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**87,984**	8,604
Tangible capital assets (Note 7)	**16,538**	17,012
	104,522	25,616
Accumulated surplus	**-**	-

Approved by the Board

Director
(Maria Britto)



Director
(Adrian Bita)

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of operations
year ended March 31, 2017

	Budget (Note 8)	2017 Actual	2016 Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9)	**879,449,275**	**926,396,097**	883,716,367
Operations of LHIN	**4,181,828**	**4,128,349**	4,141,827
Project Initiatives			
Enabling Technologies for Integration Project Management Office	-	**3,060,000**	3,060,000
French Language Services	**106,000**	**106,000**	106,000
ER/ALC Performance Lead	**100,000**	**100,000**	100,000
Emergency Department Lead	-	**75,000**	75,000
Aboriginal Health	**7,500**	**7,500**	7,500
Primary Care Lead	-	**75,000**	75,000
Critical Care Lead	-	**75,000**	75,000
Diabetes Regional Coordination	**839,175**	**839,175**	839,175
Patients First Transition Planning and Implementation	-	**180,000**	-
Patients First Pan-LHIN Support for Planning and Implementation	-	**178,680**	-
Amortization of deferred capital contributions (Note 5)	-	**22,149**	21,336
	884,683,778	**935,242,950**	892,217,205
eHealth-Enabling Technologies for Integration allocated to LHIN's (Note 3b)	-	**(1,915,863)**	(1,877,630)
Funding repayable to the MOHLTC (Note 3a)	-	**(564,664)**	(409,341)
	884,683,778	**932,762,423**	889,930,234
Expenses			
Transfer payments to HSPs (Note 9)	**879,449,275**	**926,396,097**	883,716,367
General and administrative (Note 11)	**4,181,828**	**4,149,761**	4,128,891
Project Initiative (Note 10)			
Enabling Technologies for Integration Project Management Office	-	**914,033**	912,074
French Language Services	**106,000**	**106,000**	106,000
ER/ALC Performance Lead	**100,000**	**100,000**	100,000
Emergency Department Lead	-	**72,000**	72,000
Aboriginal Health	**7,500**	**7,003**	5,278
Primary Care Lead	-	**72,000**	69,769
Critical Care Lead	-	**72,000**	72,000
Diabetes Regional Coordination	**839,175**	**693,098**	747,855
Patients First Transition Planning and Implementation	-	**125,318**	-
Patients First Pan-LHIN Support for Planning and Implementation	-	**55,113**	-
	884,683,778	**932,762,423**	889,930,234
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2017

	2017	2016
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	**(21,675)**	-
Amortization of tangible capital assets	**22,149**	21,336
Change in other non-financial assets	**(79,380)**	5,553
(Increase) decrease in net debt	**(78,906)**	26,889
Net debt, beginning of year	**(25,616)**	(52,505)
Net debt, end of year	**(104,522)**	(25,616)

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of cash flows
year ended March 31, 2017

	2017	2016
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**22,149**	21,335
Amortization of deferred capital contributions (Note 5)	**(22,149)**	(21,335)
Changes in non-cash operating items		
Accounts receivable - MOHLTC	**(3,498,357)**	6,341,726
Due to the MOHLTC	**349,832**	409,341
Due to HSP's	**3,498,357**	(6,341,726)
Due from other LHINs	**(23,511)**	80,852
Due from LHIN Shared Services Office	-	(31,237)
Accounts receivable - other	**3,176**	(27,549)
Prepaid expenses	**(79,379)**	5,553
Accounts payable and accrued liabilities	**(24,153)**	98,756
Due to Other LHIN	**136,218**	11,339
Due to Health Shared Services Ontario	**3,632**	-
Due to the LHIN Shared Services Office	-	(1,426)
	365,815	545,629
Capital transaction		
Acquisition of capital assets	**(21,675)**	-
Financing transaction		
Deferred capital contributions (Note 5)	**21,675**	-
Net increase in cash	**365,815**	545,629
Cash, beginning of year	**1,251,774**	706,145
Cash, end of year	**1,617,589**	1,251,774

The accompanying notes to the financial statements are an integral part of these financial statements.

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Services Providers ("HSP"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2017.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Funding payments to HSPs in the LHIN geographic area flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2017.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimate and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

2. Significant accounting policies (continued)

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLAA and TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

			2017	2016
	Funding received	Eligible expenses	Excess funding	Excess funding
	$	$	$	$
Transfer Payments to HSP's	926,396,097	926,396,097	-	-
LHIN Operations	4,128,349	4,127,612	737	34,272
eHealth - Enabling Technologies for Integration (Note 10)	3,060,000	2,829,896	230,104	270,296
French Language Services (Note 10)	106,000	106,000	-	-
ER/ALC Performance Lead (Note 10)	100,000	100,000	-	-
Emergency Department Lead (Note 10)	75,000	72,000	3,000	3,000
Aboriginal Health (Note 10)	7,500	7,003	497	2,222
Primary Care Lead (Note 10)	75,000	72,000	3,000	5,231
Critical Care Lead (Note 10)	75,000	72,000	3,000	3,000
Diabetes Regional Co-ordination (Note 10)	839,175	693,098	146,077	91,320
Patients First Transition Planning and Implementation (Note 10)	180,000	125,318	54,682	-
Patients First Pan-LHIN Support for Planning and Implementation (Note 10)	178,680	55,113	123,567	-
	935,220,801	934,656,137	564,664	409,341

b) Enabling Technologies for Integration Project Management Office

Effective April 1, 2013, the LHIN entered into an agreement with Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The Central West LHIN is designated the Lead LHIN within this agreement and as such holds the accountability over the distribution of the funds and manages the shared Project Management Office. In the event that the Cluster experiences a surplus the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2017 was $3,060,0000 (2016 - $3,060,000).

Funding of $1,979,277 (2016 - $1,886,296) was allocated to other LHIN's within the cluster who incurred eligible expenses of $1,915,863 (2016 - $1,877,630). A summary of eHealth Enabling Technologies for Integration Funding and expenses for the cluster are as follows.

3. Funding repayable to the MOHLTC and eHealth Ontario (continued)

b) Enabling Technologies for Integration Project Management Office (continued)

The surplus from other LHINs is as follows:

	Funding allocated	Eligible expenses	2017 Excess funding	2016 Excess funding
	$	$	$	$
Central West LHIN	**1,080,723**	**914,033**	**166,690**	261,630
Allocation to Other LHIN's				
Central LHIN	**423,000**	**423,000**	**-**	-
Central East LHIN	**383,000**	**331,416**	**51,584**	-
Toronto Central LHIN	**423,000**	**423,000**	**-**	-
Mississauga Halton LHIN	**327,277**	**327,277**	**-**	-
North Simcoe Muskoka LHIN	**423,000**	**411,170**	**11,830**	8,666
Total Other LHINs	**1,979,277**	**1,915,863**	**63,414**	8,666
Total All LHINs	**3,060,000**	**2,829,896**	**230,104**	270,296

c) The amount due to the MOHLTC at March 31 is made up as follows:

	2017	2016
	$	$
Due to MOHLTC, beginning of year	**624,171**	214,830
Funding repaid to MOHLTC prior year	**(214,830)**	-
Funding repayable to the MOHLTC related to current year activities (Note 3a and 3b)	**564,664**	409,341
Due to MOHLTC, end of year	**974,005**	624,171

4. Related party transactions

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario

The LHIN Shared Services Office (the "LSSO") was a division of the Toronto Central LHIN and was subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs was responsible for providing services to all LHINs. The full costs of providing these services was billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN as at February 28, 2017 were recorded as a receivable (payable) from (to) the LSSO. This was done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC was to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC was a LHIN-led organization and accountable to the LHINs. LHINC was funded by the LHINs with support from the MOHLTC.

4. Related party transactions (continued)

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario (continued)

Effective February 28, 2017 pursuant to a transfer agreement between Toronto Central LHIN and Health Service Shared Services Ontario (HSSO) responsibility for the shared services previously provided by the LSSO and the LHINC was transferred to HSSO. HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long Term Care.

Patients First Pan-LHIN Support for Planning and Implementation

On June 13, 2016 an amendment to the Ministry-LHIN Accountability Agreement between Toronto Central LHIN and the Ministry resulted in an allocation of $1,080,000 of additional funding to be distributed by the Toronto Central LHIN to various LHINs to be applied to salary and benefit costs related to the support of transition and implementation of the expanded LHIN mandate. Central West LHIN received $178,680 of this funding of which $55,113 was spent on eligible expenses in the year. The unspent amount of $123,567 is recorded as due to MOHLTC.

5. Deferred capital contributions

	2017	2016
	$	$
Balance, beginning of year	**17,012**	38,348
Capital contributions received during the year	**21,675**	-
Amortization for the year	**(22,149)**	(21,336)
Balance, end of year	**16,538**	17,012

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment ending in 2019. Lease renewals are likely. Minimum lease payments due over remaining term of existing leases are as follows:

	$
2018	247,610
2019	244,204

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2016. Minimum funding for HSPs related to the next two years, based on the fiscal 2016 accountability agreements, and are as follows:

	$
2017	748,463,576
2018	748,463,576

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
	$	$	$	$
Office furniture and fixtures	299,889	287,361	12,528	-
Computer equipment	117,228	113,218	4,010	17,012
Leasehold improvements	712,468	712,468	-	-
	1,129,585	1,113,047	16,538	17,012

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the final budget at April 30, 2015. The figures have been reported for the purposes of these statements to comply with PSAB reporting standards. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $926,526,341 is made up of the following:

	$
Initial HSP funding budget	879,449,275
Additional funding due to announcements made during the year	47,077,066
Total HSP funding budget	926,526,341

The total operating budget, excluding HSP funding, is made up of the following:

	$
Initial budget	
LHIN Operations	4,181,828
Aboriginal Funding	7,500
French Language Services	106,000
Diabetes Regional Co-ordination	839,175
ER/ALC Performance Lead	100,000
Adjustment due to announcements made during the year	
ED LHIN Lead	75,000
Critical Care Lead	75,000
eHealth - Enabling Technologies for Integration	3,060,000
Base Funding Reduction	(31,804)
Patients First - Senior Director	180,000
Patients First - PAN-LHIN Renewal	178,680
Primary Care Lead	75,000
Total budget	8,846,379

9. Transfer payments to HSPs

The LHIN approved transfer payments to the various sectors in 2017 as follows:

	2017	2016
	$	$
Operation of Hospitals	**563,812,751**	533,150,756
Grants to compensate for Municipal Taxation - Public Hospitals	**96,975**	96,975
Long-Term Care Homes	**160,057,019**	158,625,567
Community Care Access Centres	**123,234,690**	115,820,159
Community Support Services	**15,701,088**	15,348,273
Assisted Living Services in Supportive Housing	**10,999,045**	10,608,350
Community Health Centres	**12,639,799**	12,182,882
Community Mental Health Addictions Program	**39,854,730**	37,883,405
	926,396,097	883,716,367

10. Project Initiatives

The Central West LHIN received funds for various project initiatives listed in the Statement of Operations. The following table classifies the project initiative expenses by object:

	2017	2016
	$	$
Salaries and benefits	**1,581,789**	1,322,555
Professional services	**287,380**	463,746
Shared services	**102,060**	110,756
Occupancy	**55,806**	46,232
Public relations and community engagement	**30,927**	7,154
Supplies	**39,906**	47,460
Other	**118,697**	87,073
	2,216,565	2,084,976

Diabetes strategy operational expenses included in the project fund expenses above are as follows:

	Actual 2017	Actual 2016
	$	$
Salaries and benefits	**469,808**	572,255
Others	**223,290**	175,600
	693,098	747,855

10. Project Initiatives (continued)

Enabling Technologies for Integration Project Management Office expenses included above include both project management office and Central West LHIN expenses as follows:

Project Management Office expenses are as follows:

	Actual 2017	Actual 2016
	$	$
Salaries and benefits	**521,110**	479,542
Others	**63,700**	75,848
	584,810	555,390

Central West LHIN e-Health Enabling Technologies project expenses are as follows:

	Actual 2017	Actual 2016
	$	$
Salaries and benefits	**254,397**	153,768
Others	**74,826**	202,916
	329,223	356,684
Total E-health Enabling Technologies expenses for the Central West LHIN	**914,033**	912,074

11. General and administrative expenses

The statement of operations presents expenses by function. The following classifies these same expenses by object:

	2017	2016
	$	$
Salaries and benefits	**3,025,862**	2,997,096
Occupancy	**202,724**	170,816
Amortization	**22,149**	21,335
Shared services	**259,858**	283,166
LHIN Collaborative	**23,865**	35,242
Consulting services	**22,812**	152,875
Professional Fees	**21,555**	21,592
Supplies	**108,328**	107,681
Board Chair remuneration	**41,328**	33,925
Board member remuneration	**48,222**	54,089
Board expenses	**29,166**	36,661
Mail, courier and telecommunications	**74,869**	43,681
Other	**269,023**	170,732
	4,149,761	4,128,891

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 33 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2017 was $372,398 (2016 - $356,706) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2016. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Subsequent event

On April 3, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the Central West Community Care Access Centre the (CCAC), to the LHIN, including the transfer of all employess of the CCAC.

Effective May 31, 2017 the LHIN will assume the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

NOTES

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